

Payment Terms

The Locum Physician will record on a day sheet or billing program the fee codes or fees charged and diagnostic codes for all services rendered on behalf of the Hiring Physician. Fees charged will be in accordance with MSP regulations and commonly accepted medical practice policies.

Agreed to work location(s), work arrangements and payment details are specified in Schedule A.

Cheques will be made out to: _____
(Indicate personal name of Locum Physician to be used or corporate name to be used, based on locum preference)

Cheques will be mailed to: _____

The terms of this contract and the agreements specified in Schedule A are agreed to by:

SIGNATURES

Hiring Physician:

Name: _____ Signature: _____ Date: _____
(day/mon/yr)

Locum Physician:

Name: _____ Signature: _____ Date: _____
(day/mon/yr)

SCHEDULE A

Period to be Covered

From: _____ (day/mon/year)	To: _____ (day/mon/year)
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Work Location(s)

e.g. for office(s), clinic(s), extended care/ nursing home facility(s), etc.

1. Office/ facility: _____ Address: _____ _____ _____	2. Office/ facility: _____ Address: _____ _____ _____
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Weekly Schedule

Day	Hours <i>(write in hours)</i>	Location <i>(circle appropriate location)</i>
Monday		Location 1 Location 2
Tuesday		Location 1 Location 2
Wednesday		Location 1 Location 2
Thursday		Location 1 Location 2
Friday		Location 1 Location 2
Saturday		Location 1 Location 2
Sunday		Location 1 Location 2

Practice Requirements

1.	On-call work required:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details....
2.	Hospital work (surgical assists, hospitalist shifts, ER shifts):	<input type="checkbox"/> None <input type="checkbox"/> Yes Details....
3.	Obstetrical coverage:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details....
4.	Extended care/nursing home and/ or home visits:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details....

LOCUM CHECKLIST

This checklist is meant to ensure that the following information and/or items are reviewed/ provided to the Locum physician prior to the Hiring physician leaving.

Office

- Location of Parking/ parking pass if required
- Keys given to Locum physician
- Location of the following is known:
 - In-office emergency kit
 - Procedural equipment (i.e. needles, vaccines, bandages/minor wound materials, liquid nitrogen, suture removal kits, PAP, IUDs, mole removals, etc.)
 - Staff lunch room, fridge, microwave, etc.
 - Inbox/outbox for paperwork
- Booking practices have been reviewed, e.g. how many patients/hour, time allotted for regular visit/CPX/PAP, same-day bookings
- Staff contact information (in case of emergency)
- Pager and/or cell phone & numbers
- Call group details

EMR / Computer / Contact Details

The following have been provided:

- User IDs & passwords
 - EMR
 - Computer
 - Wireless
- EMR tutorial

Work Outside of the Office/ Office Hours

The following have been provided:

- A list of the usual visitation days for extended care/ nursing home facilities
- On call requirements
- A list of patients who may require house calls