Individual Contract for New-to-Practice Family Physicians
APPENDIX 3A HOURS REPORTING FORM

Physician: _____ **Report Period:** _____ **Contract #:** _____

MSP #: _____ **Location:** _____

			Payee XXXX		Payee XXXX				
Service Date	**Start Time**	**End Time**	**Service Type Hours Included**		**Service Type Hours Excluded**				
(DD/MMM/YY			Direct, Indirect & Clinical Admin	QI included	QI excluded	3rd Party or Referred	FFS	Break	Totals
01-Aug-21	800	1700	6.5	0.5					**7**
01-Aug-21	1200	1230						0.5	**0.5**
01-Aug-21	1000	1200				0.5			**0.5**
01-Aug-21	1300	1600					1		**1**
									0
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									0
Subtotal Hours			**6.5**	**0.5**	**0**	**0.5**	**1**	**0.5**	**9**
Total Hours		**9**	**7**		**2**				

1. Contract Hours: Enter shift start and stop time for the day and record hours under Service Type 'Direct, Indirect or 'Clinical Administrative' or QI Included

2. Excluded Hours: A separate entry is required in the invoice for all Excluded and QI Services provided during the Contract Shift. Breaks 30 minutes or greater must be recorded under Excluded hours

2a. Hours for each type of Excluded hours can be consolidated into a single line entry each day. Approximate start and stop times should be entered for each type of of Excluded hours.

2b. FFS billed on the same day as services provided under the contract must include start and stop times in each MSP claim.

Confirmed by: _____ **Date:** _____
Physician Signature

Certified by: _____ **Date:** _____

Please submit completed form within 10 days after end of month to ensure timely payment

Send to: Physician Compensation Fax: 250-740-2663 Email: Physician_comp@islandhealth.ca