

Invoice for Physician Services

GPSC Residential Care Initiative

Billing Period: (please check appropriate period)

Q1 APRIL - JUNE

Q2 JULY - SEPTEMBER

Q3 OCTOBER - DECEMBER

Q4 JANUARY - MARCH

Current date: _____

REQUIRED:

Personal Information

Name: _____ MSP # _____

Payable to (if incorporated): _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Striving to achieve the best practices:

	Unit	Rate	Amount
Quarterly proactive visits (\$50.00 per patient per quarter)		\$ 50.00	\$
Quarterly participation in 24/7 coverage, case conferences, medication reviews and documentation (\$1000 per year or \$250 per quarter)	1.00	\$ 250.00	\$ 250.00
Total			

OPTIONAL:

Please tell us how you are doing with attaining the five best practices.

	Very Good	Good	Poor	Very Poor
Ability to provide 24/7 coverage and onsite attendance, when required				
Ability to provide proactive visits to residents				
Ability to provide meaningful medication reviews				
Ability to complete end of life plan for residents (shared care plans, advance care plans or medical summaries)				
Ability to attend case conferences				

Do you have any suggestions on how we can help improve your experience for you and your patients in residential care?

 Claimant Signature

FOR OFFICE USE ONLY

GL	DEPT	PROJECT	AMOUNT

 Division Lead Signature