

Patient Label
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**Unassigned In-patient Encounter Form**

Please complete for all new unassigned patients, including those not eligible for UIP Pt Care Fee

<b>To be completed by Physician Accepting New Unassigned Patient: (DOD or Maternity)</b>			
Physician/locum Name:		Locum for physician: (if applicable)	
MSP Practitioner #:		Purple Group: <input type="checkbox"/>	
Payable to: (if different than above)			
Date on DOD Roster:		Date of Service:	
Diagnosis:			
Type of Care:	Eligible for UIP Patient Care Fee: <input type="checkbox"/> MRP <input type="checkbox"/> Co-MRP		
	Not eligible for UIP Patient Care Fee: <input type="checkbox"/> Non-UIP DOD - Type of care _____		
Has a family doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, within Comox Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City/Town of Residence:			
To be eligible for Unassigned Network Incentive (\$600/day), initial here if no new DOD patients seen during DOD shift.			

**Please fax completed form to 250-331-5929 or direct extension in-house x6529**

Unassigned In-patient Encounter Form - revised Sept 27, 2017

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