

# Physician Reimbursement Form

**Name:**

**Reimbursement Rate:** (session = 3.5 hours)

- GP - \$133.77/hour (\$468.18/session)  
 Specialist: \$157.79/hour (\$552.26/session)

<i>Date</i>	<i>Event Name</i> (If committee, meeting or project provide name)	<i>Activity</i> (e.g. preparation, presentation, attendance)	<i>Hours</i>	<i>Billable Expenses</i> (original receipt must be attached for reimbursement)	<i>Code</i> (office use only)
			<b>Total Hours:</b>	<b>Total Expenses:</b>	

**Make cheque payable to:**

- \*Please print clearly.
- \*If you wish the cheque to be paid to your Corporation, it must be noted here.
- \*If the address is the same as previous, please indicate "on file".

<b>Name:</b>	<b>Address (street, city, province, postal code)</b>
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<b>Physician Signature:</b>	<b>Date:</b>	<b>Office Use</b>
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**Submit form by fax or email to:**

Denise Ralph - Executive Director  
 Richmond Division of Family Practice  
 Fax: 604-484-2195  
 Email: richmond@divisionsbc.ca

<b>Approved By:</b>	<b>Date:</b>	<b>Office Use</b>
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