

## Metro On-call Program Quarterly Submission Form

*To qualify for this program, physicians must:*

- 1. Participate in a call group that provides continuous coverage (24 hours/365 days) and must respond by telephone within a reasonable timeframe and in person when the physician deems it necessary;*
- 2. Have hospital admitting privileges in Regina or Saskatoon (provided/verified by the Saskatchewan Health Authority); and*
- 3. Submit evidence of the call provided to the Ministry of Health at the end of each quarter.*

*The purpose of this form is to provide information related to # 1 and #3 above to meet these requirements.*

**Clinic Number:** \_\_\_\_\_ **Clinic Name:** \_\_\_\_\_

**Office Manager's Name:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_

**If any of the physicians listed below participate in a call group with another clinic, provide the Clinic Name:** \_\_\_\_\_

**Quarter and year for which submitting:**

Q1 = January 1 to March 31

Q2 = April 1 to June 30

Q3 = July 1 to September 30

Q4 = October 1 to December 31

**List of family physicians in the clinic who provided on-call services:**

Physician Name (Please print)	MSB Billing Number (4-digit Doc #)	Did the physician named provide call during this quarter? Check one		Physician Signature  Note: by signing this form, the physician is attesting to the fact that he/she provided call in this quarter, and the dates can be provided to the Ministry on request or upon audit.
		Yes	No	

