

# 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		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	

