



Applicant Process User Guide (RGPALP)
Financial Forms

Locums for Rural BC



Locums for Rural BC administers the Rural Locum Programs on behalf of the Ministry of Health and Doctors of BC.



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Introduction

Financial forms are introduced in digital version to streamline the process of submitting and processing the forms, which will make the process more efficient. The process was created to eliminate paper PDF submissions.

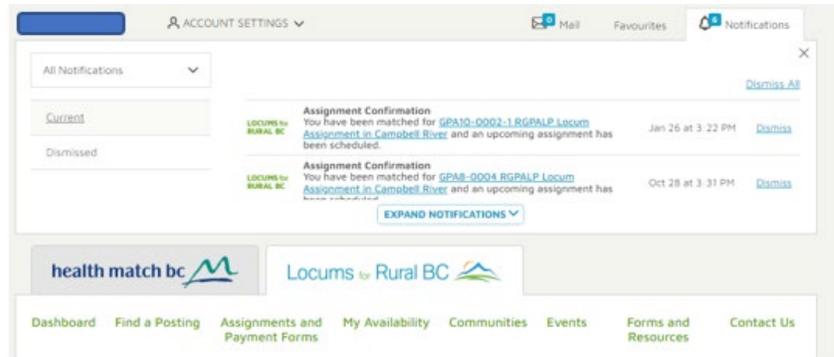
The forms will be available when assignment is created, on applicant portal.

Locums will be able to access the forms, submit them for processing, review what was submitted. If administrator will return the form, it will be available for corrections and resubmission.

Forms can be accessed using any browser available, on desktop/laptop device.

How to Access Forms

1. Login to your **Applicant Portal**

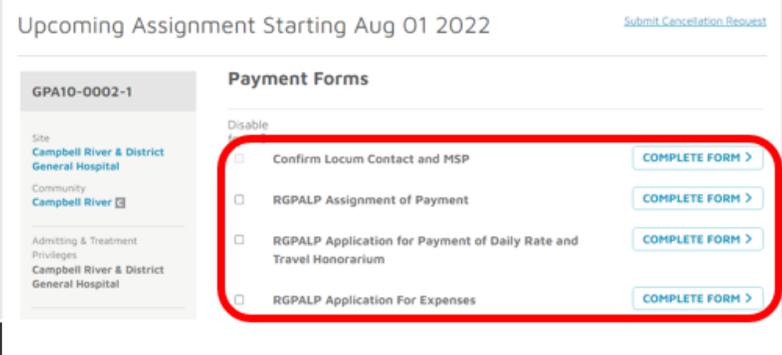


2. Access **Financial Forms** by selecting one of the below options:

- **Assignments and Payment Forms**
- **My Locum Assignments and Payment Forms** tab, select **View All**
- Direct **Assignment** hyperlink, by clicking on start date of the assignment



3. **Payment Forms** section will be displayed



Application of Payment

1. To access **Application of Payment** form, follow steps outlined in [how to access forms](#) section
2. Before submitting the financial forms, make sure that MSP number is updated
3. Access **Confirm Locum Contact and MSP** form, by selecting **Complete Form** button

Confirm Locum Contact and MSP

COMPLETE FORM >

4. Fill all the missing information or change outdated information, select **Save**

Locum Contact and MSP Information

Please confirm your locum and MSP information.

Confirm Contact and MSP

LOCUM FIRST NAME test	MIDDLE NAME ALICJA	LAST NAME test	UPDATES TO MY ACCOUNT Changes to your locum account information in the submitted form will also be saved on your locum account record, to ensure the up-to-date information.	
MOBILE PHONE NUMBER Country Code: 1 Area Code: 778 Phone Number: 123-1234	MSP PRACTITIONER NUMBER 12345			
LOCUM EMAIL ADDRESS test@gmail.com	MSP PAYMENT NUMBER 12345			
ADDRESS 46 test St.	CITY VANCOUVER	PROVINCE BRITISH COLUMBIA		POSTAL CODE V6P3T3
DID YOU SIGN UP FOR DIRECT DEPOSIT (EXPENSES)? <input checked="" type="radio"/> Yes <input type="radio"/> No If you're interested in signing up, please submit the Direct Deposit form separately.				

Cancel SAVE

5. From the financial forms dashboard, select **Assignment of Payment** form, by clicking on **Complete Form** button

Note: Appropriate program abbreviation will be listed in the name of the form as well, in the below example it is RGPALP

RGPALP Assignment of Payment

COMPLETE FORM >

6. **Application of Payment** form will be displayed
7. Confirm **type of location** for the assignment.
8. Select either **hospital based, or office based**. The form layout will change depending on selection.

- For Hospital based form fill all the **missing information**, add **signature**, select **Submit**

Assignment of Payment Rural GP Anesthesia Locum Program (RSGPALP)

This form must be submitted before the assignment begins, in order to bill and properly process payment for this assignment.

PLEASE CONFIRM THE TYPE OF LOCATION FOR THIS ASSIGNMENT:

Hospital-based Locum Assignment
 Office-based Locum Assignment

Hospital-based Locum Assignment Only (Please complete in full)

We have some of your information on file. If changes are required, please first [Confirm Locum Contact and MSP](#).

This form must be submitted before the assignment begins, in order to bill and properly process payment for this assignment.

LOCUM FULL NAME		LOCUM MSP PRACTITIONER NUMBER	
<input type="text" value="test test"/>		<input type="text" value="12345"/>	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="text" value="45 test St"/>	<input type="text" value="VANCOUVER"/>	<input type="text" value="BRITISH COLUMBIA"/>	<input type="text" value="V6R3T3"/>
PHONE NUMBER	LOCUM EMAIL ADDRESS		
<input type="text" value="1-778-123-1234"/>	<input type="text" value="test@gmail.com"/>		
DO YOU HAVE AN ADDITIONAL PAYMENT NUMBER FOR RSGPALP?	CURRENT RSGPALP PAYMENT NO.	WEB/TELEPLAN (IF APPLICABLE)	data centre number (when joining existing site)
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASSIGNMENT FOR COMMUNITY	ASSIGNMENT DATES		
<input type="text" value="Campbell River CA"/>	<input type="text"/> TO <input type="text"/>		

Comments

If needed, please provide any additional comments you feel would be helpful to accompany this form.

Terms and Conditions

I AGREE TO:

- Notify Locums for Rural BC in writing, immediately upon becoming unavailable to provide locum services.
- Submit all fee for service claims to MSP using the host physician's payment number.

I UNDERSTAND:

- Under the 5 Days or Over component, I will receive the greater of 60% of paid claims or a guaranteed daily rate based on the community type (A, B, C or D) that I am providing services to (averaged over the length of the assignment) paid semi-monthly by direct bank deposit.
- Under the Weekend Coverage component, I will receive the greater of 60% of paid claims or the weekend rate for 18:00 Friday to 08:00 Monday coverage paid semi-monthly by direct bank deposit.
- Adjustments will be calculated and paid 90 days after the end date of the locum assignment.
- Where applicable, I will receive the on-call MOCAP payments from the Health Authority/host physician.

[I'll have read and agree to the Terms and Conditions and Privacy Policy](#)

Please type your full name:

By inserting my name, I confirm that my electronic signature, or that of my agent, represents the legal equivalent to my handwritten signature, in compliance with the [Electronic Transaction Act of BC, 1991](#).

Date: Mar 02 2022

[Cancel](#) **SUBMIT >**

- For Office based form fill all the missing information, add signature, select Submit

Assignment of Payment Rural GP Anaesthesia Locum Program (RGPALP)

This form must be submitted before the assignment begins, in order to bill and properly process payment for this assignment.

PLEASE CONFIRM THE TYPE OF LOCATION FOR THIS ASSIGNMENT:

Hospital-based Locum Assignment Office-based Locum Assignment

Office-based Locum Assignment Only (Please complete in full)

Provide some of your information on file. If changes are required, please first [Confirm Locum Contact and MSP](#).

Locum Physician's Full Name Locum Physician MSP Practitioner Number

Locum Physician / Clinic Name Locum Physician / Clinic MSP Payment Number

City, 40 percent of all fee-for-service billings paid by the Medical Services Commission under the Terms and Conditions of the Locum Agreement bearing my personal practitioner number, 12345, and the Host Physician's Payment Number, .

The Commission is hereby authorized to pay all such sums directly to, at any address the Host Physician may from time to time designate, with payment of any such sum to be sufficient discharge to the Commission of and from any indebtedness in that amount to me, my heirs, executors, or administrators. THIS AGREEMENT is to remain in full force and effect for all claims submitted with the Host Physician's Payment Number, , and my Personal Practitioner Number, 12345.

To

Comments

If needed, please provide any additional comments you feel would be helpful to accompany this form.

Terms and Conditions

I AGREE TO:

- Notify Locurus for Rural BC in writing, immediately upon becoming unavailable to provide locum services.
- Submit all fee-for-service claims to MSP using the host physician's payment number.

I UNDERSTAND:

- Under the 5 Days or Over component, I will receive the greater of 60% of paid claims or a guaranteed daily rate based on the community type (A, B, C or D) that I am providing services to (averaged over the length of the assignment) paid semi-monthly by direct bank deposit.
- Under the Weekend Coverage component, I will receive the greater of 60% of paid claims or the weekend rate for 18:00 Friday to 08:00 Monday coverage paid semi-monthly by direct bank deposit.
- Adjustments will be calculated and paid 90 days after the end date of the locum assignment.
- Where applicable, I will receive the on-call MQCAP payments from the Health Authority/Host physician.

I have read and agree to the Terms and Conditions and [Privacy Policy](#).

Please type your full name:

Electronic Signature Agreement
By inserting my name, I confirm that my electronic signature, or that of my agent, represents the legal equivalent to my handwritten signature, in compliance with the [Electronic Transactions Act of BC, 1999](#).

Date: Mar 02 2022

[Cancel](#)

Daily Rate and Travel Honorarium Form

1. To access **Daily Rate and Travel Honorarium Form**, follow steps outlined in [how to access forms](#) section
2. Access **Application for Payment of Dairy Rate and Travel Honorarium form**, by selecting **Complete Form**

Note: Appropriate program abbreviation will be listed in the name of the form as well, in the below example it is RGPALP

RGPALP Application for Payment of Daily Rate and Travel Honorarium

COMPLETE FORM >

3. Add all the relevant information, add **signature**, select **Submit**

Note: For RGPLP program only, the form must be signed by Host first, before it can be processed by LRBC administrator. The Submit button is named: Submit to Host

[Return to Assignment](#)

Daily Rate and Travel Honorarium Rural GP Anaesthesia Locum Program (RGPALP)
Application for Payment Form

This form can be submitted weekly or at the conclusion of your locum assignment.
Payments are processed in the middle or at the end of each month.

Locum Assignment Information

We have some of your information on file. If changes are required, please first [Confirm Locum Contact and MFP](#).

LOCUM FULL NAME Dr. test test	MFP PRACTITIONER NUMBER 12345	ASSIGNMENT FOR COMMUNITY Capital River
LOCUM PHONE NUMBER ...	MFP PAYMENT NUMBER 12345	LOCUM COVERAGE DATES Aug 01 2022 to Aug 02 2022
LOCUM EMAIL ADDRESS test1@gmail.com		HOST PHYSICIAN FULL NAME Dr. Steven GR

Additional Details

LOCATION TYPE
 Hospital based Locum assignment Offsite based Locum assignment

ANESTHESIA SPECIALTY TYPE

For payment of Travel Time Honorarium (Please complete in detail)

OUTBOUND				
DATE	TRAVEL FROM HOME	DEPARTURE TIME TO COMMUNITY	ARRIVAL TIME	TOTAL HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add Row				
INBOUND				
DATE	TRAVEL FROM COMMUNITY	DEPARTURE TIME TO HOME	ARRIVAL TIME	TOTAL HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daily Rate

Please indicate days service was provided.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL # OF DAYS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add Row							Discussion Item
							TOTAL

Comments

If needed, please provide any additional comments you feel would be helpful to accompany this form.

e-Signature

I agree to the Locums for Rural GP [Privacy Policy](#)

Please Type your full name:

By using this form, I certify that my electronic signature, or that of my agent, represents the legal equivalent to my handwritten signature, in compliance with the [Electronic Signatures Act of 2000](#)

Date: Mar 02 2022

[Cancel](#) **SUBMIT >**

Travel Expenses Form

1. To access **Travel Expenses Form**, follow steps outlined in [how to access forms](#) section
2. Access **Application for Expenses** form, by selecting **Complete Form**

Note: Appropriate program abbreviation will be listed in the name of the form as well, in the below example it is RGPALP

RGPALP Application For Expenses

COMPLETE FORM >

3. Fill all the relevant information, add **signature**, select **Submit**

The screenshot shows the 'Application for Expenses' form. Key sections are highlighted with red boxes:

- Travel Time, for Payment of Meal Allowance:** This section contains two tables for recording travel dates, from dates, departure times, arrival times, and total hours.
- Travel Expense Claims:** This section includes fields for 'TRAVEL REQUIREMENT CLAIM', 'TRAVEL ALLOWANCE' (with sub-sections for Mileage, Lodging, Per Diem, and Other), and 'MEAL ALLOWANCE'. It also features a table for recording expenses with columns for category, amount, and date.
- e-Signature:** A section for providing an electronic signature, including a text input field and a 'Sign' button.
- Submit:** A blue button at the bottom right of the form to submit the application.

Disable Forms Function

Applicant can disable a form if they know they will be not submitting it.

1. To disable form/s access financial forms dashboard by following steps outlined in [how to access forms](#) section
2. On the dashboard, under the **Payment Forms** header, you will see **Disable Form** function
3. Toggle the form you want to disable

Note: If form/s are disabled, notifications for that form/s will be disabled as well. **Complete Form** button will be hidden

Note: To enable previously disabled form, un toggle it, **Complete Form** button will appear

Payment Forms

Disable form 

Confirm Locum Contact and MSP

RGPALP Assignment of Payment

RGPALP Application for Payment of Daily Rate and Travel Honorarium

RGPALP Application For Expenses

Forms Returned to Applicant

If Administrator returns the form to applicant, it will be displayed on the financial forms dashboard. Applicant will be able to open the returned form, make corrections and resubmit it.

1. To access returned form/s, follow steps outlined in [how to access forms](#) process
2. If form was returned it will be displayed with red mark next to it, and there will be note why it was returned
3. To edit form, click on **Edit Form** link. The form will be displayed, and you will be able to make corrections and resubmit it

Note: Any of the financial forms can be returned

<input type="checkbox"/>	RSLP Application for Payment of Daily Rate and Travel Honorarium	COMPLETE FORM >
<input checked="" type="checkbox"/>	Submitted Apr 25 2022	View Form
<input checked="" type="checkbox"/>	Submitted May 02 2022	View Form
<input checked="" type="checkbox"/>	Submitted May 05 2022	View Form
<input checked="" type="checkbox"/>	Returned May 05 2022	Edit Form
	Returned Note: /	