Monthly Request for Physician Compensation Temporary COVID-19 Non-Clinical Activities Funding Period: March 1st, 2021 to September 30th, 2021

Monthly Submission Process:

- 1. Complete Form
- 2. Submit via email to the Senior Specialist of Medial Affairs Quinn Kolthof (kolthof@hhsc.ca)
- 3. Requests gathered and reviewed by CME/EVP first week of each month
- 4. Approved requests submitted to MOH second week of each month
- 5. When HHS receives MOH funding, physician is compensated by direct deposit to business account

Name of physician:			
OHIP Billing Number:			
Name of initiative:			
Brief Description of your work:			
Die Destription of your tronk			
COVID-19 Funding for Non-Clinical	Work – Type of Work		
Education/Training			
Work to teach/train others		Yes	No
Administration/Leadership		_	
Work supporting corporate, regional, or provincial planni	ng	Yes	No
Attestation:			
COVID-19 funding is for work outside of regularly scheduled/g	paid activities, including o	compensate	ed
leadership work. As a condition of receiving COVID-19 fundin		•	
not billed FFS for any work performed during the times they r	•		
The MOH will recover from HHS any FFS amounts that have b	•		•
sessional payments. Please provide your signed attestation to funding.	adhere to the condition	is of COVID	-19
runung.			
Applicant Signature	 Date	_	
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- One table must be completed for each month
- Enter the total number of hours eligible for COVID-19 funding per day

Month: March 2021

Day of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Number of Hours																																

Approval of HHS CME/EVP

Total Number of Hours Approved	
Reimbursement Rate	\$165/hour
Total Payment Approved	

Signature	Date

- One table must be completed for each month
- Enter the total number of hours eligible for COVID-19 funding per day

Month: April 2021

Day of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Number of Hours																																

Approval of HHS CME/EVP

Total Number of Hours Approved	
Reimbursement Rate	\$165/hour
Total Payment Approved	

Michael Stacey MBBS, DS W. Aust., FRACS

- One table must be completed for each month
- Enter the total number of hours eligible for COVID-19 funding per day

Month: May 2021

Day of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Number of Hours																																

Approval of HHS CME/EVP

Total Number of Hours Approved	
Reimbursement Rate	\$165/hour
Total Payment Approved	

Signature	Date

- One table must be completed for each month
- Enter the total number of hours eligible for COVID-19 funding per day

Month: June 2021

Day of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Number of Hours																																

Approval of HHS CME/EVP

Total Number of Hours Approved	
Reimbursement Rate	\$165/hour
Total Payment Approved	

Signature	Date

- One table must be completed for each month
- Enter the total number of hours eligible for COVID-19 funding per day

Month: July 2021

Day of the	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
month		_	,		•	•				. •	• •					. •		.0	.0	-						-	-			•	0.	
Number																																
of																																
Hours																																

Approval of HHS CME/EVP

Total Number of Hours Approved	
Reimbursement Rate	\$165/hour
Total Payment Approved	

Signature	Date

- One table must be completed for each month
- Enter the total number of hours eligible for COVID-19 funding per day

Month: August 2021

Day of		•	•		_	•	_			40	44	40	40	44	45	40	47	40	40	00	0.4	00	00	0.4	05	00	07	00	00	20	0.4	-
the	1	2	3	4	5	ь	1	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
month																																
Number																																
of																																
Hours																																

Approval of HHS CME/EVP

Total Number of Hours Approved	
Reimbursement Rate	\$165/hour
Total Payment Approved	

Signature	Date

- One table must be completed for each month
- Enter the total number of hours eligible for COVID-19 funding per day

Month: September 2021

Day of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Number of Hours																																

Approval of HHS CME/EVP

Total Number of Hours Approved	
Reimbursement Rate	\$165/hour
Total Payment Approved	

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Signature	 Date

8