

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 <i>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.</i>
		Yes	No	

Physician Name <i>(Please print)</i>	MSB Billing Number <i>(4-digit Doc #)</i>	Did the physician named provide call during this quarter? <i>Check one</i>		Physician Signature <i>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.</i>
		Yes	No	

Email form to:

MSBMetroCallSubmissi@health.gov.sk.ca

OR

Fax form to:

Saskatchewan Ministry of Health, Medical Services Branch

Attention: Finance, Statistics and Support Services

Fax: 306-787-3761