

**Physician Office Funds (OE and GP Skills)
Application for PreApproval or Reimbursement
For Year 11 Allocation: April 1, 2018 through March 31, 2019**



Cheque to be made payable to: _____	Date: _____
Is this a joint application with other physicians? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, all physicians <u>must</u> sign below, date, and indicate the percentage of allocation. A Physician Directives Form must be on file with the PCN before this application can be processed.	

This form is used for applying for both Office enhancements and GP Skills reimbursements.

Office Enhancements funding has been approved for use under the PCN’s Business Plan dated April 1, 2016.

- **Fast-Tracked Items:** To apply for these ‘Fast Track’ items, please complete the rest of this form.
- **Insured Services Only:** Office Enhancements funding may only be used to reimburse physicians for expenses relating directly to comprehensive primary care insured services.
- **Multi-physician practices:** Group purchases require the original signatures of all physicians involved in the purchase. The PCN must have a Physician Directives form on file for such purchases.

Original Signatures Required: Physicians may sign, date then fax this form along with receipts to the PCN, but must also deliver original the form with original signatures and receipts before payment will be released.

**Fax to PCN Office at 416-0139 and mail original to
Sherwood Park – Strathcona County PCN,
#108 – 150 Broadway Crescent, Sherwood Park, AB T8H 0V3**

Physician Name and Signature: _____ Date: _____ Percentage Allocation: ____ %

Physician Name and Signature: _____ Date: _____ Percentage Allocation: ____ %

Physician Name and Signature: _____ Date: _____ Percentage Allocation: ____ %

Note: All physicians signing above are current members of the Sherwood Park Family Physicians NPC.

Eligible Expenses (Call the PCN to find out your available funding)	Reimbursement (Attach receipts)
1. Family Practice Nurse Buy-in or Top-up: You can use your physician office funds to buy-in or top-up your FPN program allocation. Note, in this scenario, the FPN remains an employee of the PCN. Your buy-in or top-up amount goes 100% to paying for your additional nurse time. The buy-in or top-up amount is \$15 x (Panel required for allocation – your panel). Consult with the FPN Program Manager to get your specific buy-in or top-up amount.	
2. Nurse time outside of FPN program: Physician Office funds can be used to pay the wages, EI, CPP and benefits for a LPN or RN to provide full scope nursing support to physicians in their clinic. The funds can be used to pay for additional nurse time outside of the FPN program. Nurses must practice full scope nursing duties and must not be involved in administrative tasks. <input type="checkbox"/> Please provide a copy of the job description or list of duties of the nurse <input type="checkbox"/> Please provide evidence of payment to the nurse (i.e. pay stub, time sheet, invoice)	
3. GP Skills Enhancement: Includes time spent at a conference or professional development seminar as well as time applied in specialist job shadowing. Does not include enrollment, tuition, or registration costs. Time to be paid at ARP Sessional Rate. Please attach documentation that shows event name, description and location.	

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<p>4. Records Computerization Assistance: The purpose of this allocation is to assist physicians with computerizing patient charts. Reimbursable costs include scanning of records and technological help associated with EMR utilization for activities not covered through other funding sources (e.g. POSP). Reimbursement for staffing will be considered only for newly created positions that are not in place for basic clinic office operations and are intended to increase physician efficiency. All applications for Records Computerization will be reviewed by the office Enhancements Team.</p> <p>Ineligible costs:</p> <ul style="list-style-type: none"> • Basic office overhead or operations such as taking calls from the public for appointments, booking appointments, callbacks, billing, or other standard office functions • Items covered by other funding sources (such as POSP), Computers, PDAs, printers, printer toner, fax machines, fax toner, billing software, accounting software, EMR software support <p><input type="checkbox"/> Please provide a copy of the job description for the person doing this work</p> <p><input type="checkbox"/> Please indicate the percentage of time spent on weekly scanning or transcribing paper records to EMR: Typical number of hours spent on scanning or transcribing during a week: _____</p> <p><input type="checkbox"/> Please provide evidence of payment to employee or contractor (i.e. pay stub, time sheet, invoice)</p>																							
<p>5. Clinical equipment and software purchases: PCN funding is provided by Alberta Health & Wellness on the expectation that it will be used to enhance primary care. <u>Office Enhancements funding may only be used for expense reimbursement relating to insured services.</u> Reimbursement for equipment will be limited to purchase price and delivery charges of items plus GST. Late fees, financing charges, and other similar expenses are not eligible for reimbursement. Leased or rented equipment will be considered for reimbursement to the maximum amount of that remaining for the physician's allocation.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> 24 hr blood pres. monitor </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Cycling BP machine </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> ECG </td> <td style="border: none;"> <input type="checkbox"/> UV skin inspect. unit </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Fiberoptic lamp for PAP </td> <td style="border: none;"> <input type="checkbox"/> Headlamps </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Surgical light unit </td> <td style="border: none;"> <input type="checkbox"/> Surgical head lamp and magnifier </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Sidestream nebulizer </td> <td style="border: none;"> <input type="checkbox"/> Spirometer </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Portable oxygen supply </td> <td style="border: none;"> <input type="checkbox"/> Oximetry </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Digital Pediatric Scale </td> <td style="border: none;"> <input type="checkbox"/> Autoclave </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Doppler – Obstetrical/Vascular </td> <td style="border: none;"> <input type="checkbox"/> Electric cautery/hyfercator </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> AED/Defibrillator </td> <td style="border: none;"> <input type="checkbox"/> Wheelchair </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Liquid N₂ spray gun </td> <td style="border: none;"> <input type="checkbox"/> Otoscope/Ophthalmoscope </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Audiometry </td> <td style="border: none;"> <input type="checkbox"/> Other _____ </td> </tr> </table> <p>Note: Any item not listed above requires Office Enhancements team pre-approval and should be sent to Dave Ludwick prior to purchase. Dave will facilitate review with the team promptly.</p> <p>Funding and expenses cannot be carried over from year to year.</p>	<input type="checkbox"/> 24 hr blood pres. monitor	<input type="checkbox"/> Cycling BP machine	<input type="checkbox"/> ECG	<input type="checkbox"/> UV skin inspect. unit	<input type="checkbox"/> Fiberoptic lamp for PAP	<input type="checkbox"/> Headlamps	<input type="checkbox"/> Surgical light unit	<input type="checkbox"/> Surgical head lamp and magnifier	<input type="checkbox"/> Sidestream nebulizer	<input type="checkbox"/> Spirometer	<input type="checkbox"/> Portable oxygen supply	<input type="checkbox"/> Oximetry	<input type="checkbox"/> Digital Pediatric Scale	<input type="checkbox"/> Autoclave	<input type="checkbox"/> Doppler – Obstetrical/Vascular	<input type="checkbox"/> Electric cautery/hyfercator	<input type="checkbox"/> AED/Defibrillator	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Liquid N ₂ spray gun	<input type="checkbox"/> Otoscope/Ophthalmoscope	<input type="checkbox"/> Audiometry	<input type="checkbox"/> Other _____	<p>Physician Purchase(d) (receipts req'd)</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>
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