

Fax or email to:  
250 740 2663 / [debbie.medforth@viha.ca](mailto:debbie.medforth@viha.ca)  
C/O Physician Compensation  
Vancouver Island Health Authority  
1200 Dufferin Crescent, Nanaimo, BC V9S 2B7

Agency (HA)	
Facility	
Lean Design Project	
Meeting Dates	
Contact Name	

**CLAIMS FOR PHYSICIANS ONLY**

Sum of Total Claims				
MSP#	Physician Name Surname, First Name	GP Sessional Rate	# of sessions (1 session = 3.5 hours)	Total
		<i>\$405.78</i>		
		<i>\$405.78</i>		
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		<i>\$405.78</i>		
		<i>\$405.78</i>		
Grand Total		<i>\$405.78</i>		

\_\_\_\_\_  
Signature – Attendance confirmed

It is hereby certified that the information in the claim is true and correct	
Signed:	
Designated Authority:	