



**SPECIALIST SERVICES COMMITTEE  
 ENGAGEMENT OF SPECIALISTS IN SYSTEM REDESIGN  
 CLAIM FORM**

FAX or EMAIL to:  
 250-740 2663 /debbie.medforth@viha.ca

Attn: Debbie Medforth  
 c/o Physician Compensation  
 Vancouver Island Health Authority  
 1200 Dufferin Crescent, Nanaimo, BC V9S 2B7

AGENCY (HA)	
FACILITY	
SYSTEM REDESIGN PROJECT	
MEETING DATE(S)	
CONTACT NAME	

**CLAIMS FOR SPECIALIST PHYSICIANS ONLY**

Sum of Total Claim				
MSP #	Physician' (Surname, First Name)	Sessional Rate	# of sessions (1 session = 3.5 hrs)	Total
		\$478.66		
		\$478.66		
		\$478.66		
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		\$478.66		
		\$478.66		
		\$478.66		
		\$478.66		
<b>Grand Total</b>				

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 Signature - Attendance Confirmed

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