

WCB Health Care Strategy

**WCB Full Time Emergency Physician Practice Confirmation
(Do not use if you are FRCP EM)**

I, the undersigned, in order to satisfy the requirements of the Workers' Compensation Board with regard to the Alberta Medical Association / WCB agreement, attest through my signature below that 80% or greater of my total clinical time is spent practicing emergency medicine in an emergency department (ED) that has 24 hour on-site emergency physician ED coverage and/or practicing urgent care medicine in a UCC facility that has on site physician coverage for the hours of operation. I also authorize the WCB to obtain information regarding my clinical practice from the CPSA as soon as it becomes available in order to confirm that this is in fact the case. I also confirm that if my practice should change in the future such that I do not fulfill the criteria above defining a full time emergency physician, it shall be my responsibility to notify the WCB of the change and cease billing the WCB under this agreement.

Signature

City of Practice

Name (please print)

Hospital(s) of Practice

PRACID Numbers

Contact Name

e-mail address (please print)

Contact Phone Number

Effective Date

Application Date

For qualifying services, this statement allows me to invoice the WCB according to the WCB/AMA Agreement of April 1, 2006 as a specialist. This includes payment of eligible services at EMSP rates, reporting fees at specialist rates and full unbundling of SOMB fees.

Please fax copies of your completed form to both numbers listed below:

<p>John Rose Workers' Compensation Board of Alberta 131 Airport Road Edmonton, AB T5G 0W6 Fax: 780-498-3998 Ph: 780-498-3251</p>	<p>Dr. Ryan Oland, c/o Norma Shipley Fees Representative Section of EM, AMA Fax: 780-482-5445</p>
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