

Assigned In-patient Care Network Registration form

The Family Practice Services Committee (FPSC) Assigned In-patient Care Network Incentive is applicable to family physicians (FPs) with a community practice who are delivering assigned in-patient care services and meet the criteria outlined on the [FPSC web site here](#). For the purpose of this incentive, “Assigned In-patient” refers to patients whose FP :

- Accepts most responsible physician (MRP) status for their care while resident in the community, and
- Has active privileges at the acute care facility in which the patient has been admitted and follows the rules and bylaws of the health authority.

Instructions: Download and save this form. Complete downloaded form to register new physicians for the Assigned In-patient Care Network, or to change membership. Save the completed form. Use multiple forms if necessary.

Division of Family Practice (if applicable):		
City/Town/Community of the network:		
Hospital the network is associated with:		
Are FPs listed joining the network/already members?	Yes:	No:
Are FPs listed leaving the network?	Yes:	No:
Who will bill the Assigned In-patient Care Network Incentive (G14086)? Tick only one box.	DoFP/FP Group:	Individual FPs:
DoFP or FP group payee/billing number (if applicable):		

For each FP participating in assigned in-patient care for the hospital, complete the following information.

Name of the network member	MSP practitioner number	MSP payee/billing number	Effective date	Cancellation date (if applicable)	Email or fax

Date submitted:	
Date effective:	
Network contact name:	
Network contact phone number:	
Network contact email:	