

FPSC Maternity Network Registration Form

In order to register for the Full Service Family Practice Program’s Maternity Care Network Payments, each Family Physician in the network must be listed on this form. A new form must be submitted if membership in the network listed below changes. Information and eligibility requirements for the Maternity Care Network Payment are available on [the FPSC website here](#).

Locums – Please specify if the physician is a locum. Locum should maintain a record of practices worked and qualifying days, as the information may be required for future audits.

City/Town/Community of the network:	
Hospital the network is associated with:	
Are you adding a new network member?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is a member leaving your network?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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:	