

Assigned Inpatient Care Network Registration form

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

Note: The FP Assigned Inpatient Care Network payments will end on April 1, 2024 and is paid for the subsequent quarter. From July 2024, 14086 will be replaced by new FPSC Inpatient Care Availability Funding for on-call time and by new LFP time and interaction codes for patient services provided.

City/Town/Community of the network:	
Division of Family Practice (if applicable):	
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 Inpatient 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:	