

Clinic Name: _____
Account Code _____
Month: _____

	To be completed by Clinic admin
	To be completed by Finance - A/R
	To be completed by Finance - Med Remun

V3

Clinic Name: _____
Account Code _____
Month: _____

	To be completed by Clinic admin
	To be completed by Finance - A/R
	To be completed by Finance - Med Remun

*Non-Physicians - 100% deposited to WRHA, recorded as 0 under 80% column and fully under 20% column

Provider Type		
Medical Doctor	MD-F	MD processed paperwork during Office Hours - 100% to
Medical Doctor	MD-P	MD processed paperwork after Office Hours - Paid 80%
Nurse Practitioner/Physician Assistant	NP	NP/PA - 100% to Cost Centre

o Cost Centre
o and 20% to Cost Centre