



Winnipeg Regional
Health Authority

Office régional de la
santé de Winnipeg

6.31

MEDICAL REMUNERATION CONTRACT SUMMARY

FOR IMPLEMENTATION/CANCELLATION OF CONTRACT PAYMENTS TO SELF-EMPLOYED MEDICAL PRACTITIONERS

PHYSICIAN INFORMATION
Physician Name:

CONTRACT DETAILS (When various positions/duration/remuneration amounts exist within one contract, please complete columns a, b, c, as required, if needed include additional forms)			
	(a)	(b)	(c)
WRHA Program:			
Sub Program:			
Site:			
Position Title:			
Position Number:			
Contract Duration:	Start:	Start:	Start:
	End:	End:	End:
EFT:			
Yearly Payment per contract:	\$	\$	\$
Annual Budget:	\$	\$	\$
Payable To:			
New:	<input type="radio"/> New	<input type="radio"/> New	<input type="radio"/> New
Renewal (same incumbent):	<input type="radio"/> Renewal	<input type="radio"/> Renewal	<input type="radio"/> Renewal
Replacement (new incumbent):	<input type="radio"/> Replacement	<input type="radio"/> Replacement	<input type="radio"/> Replacement
For Contract Terminations/Cancellation, Please complete the following:			
Termination/Cancellation:	<input type="radio"/> Terminate/Cancel	<input type="radio"/> Terminate/Cancel	<input type="radio"/> Terminate/Cancel
- Payment stop date	Date:	Date:	Date:

AUTHORIZATION		
AUTHORIZED BY (signature #1—WRHA Program Admin Director or equivalent):	PRINT NAME:	DATE:
AUTHORIZED BY (signature #2—WRHA Program Admin Director or equivalent, if more than one Program):	PRINT NAME:	DATE:
VERIFIED BY MEDICAL STAFF OFFICE:	PRINT NAME:	DATE:

Contract Summary Form to be forwarded to Medical Staff Office (4th Floor – 650 Main St.). (contract not required for cancellations/terminations)

Revised 1/4/09