

**Physician Office Funds (OE and GP Skills) Application for  
Pre-Approval or Reimbursement  
For Year 15 Allocation: April 1, 2022 through March 31, 2023**



Cheque to be made payable to:	Date:
Is this a joint application with other physicians? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, all physicians <u>must</u> sign below, date, and indicate the percentage of allocation. A Physician Directives Form must be on file with the PCN before this application can be processed.	

This form is used for applying for both Office Enhancements and GP Skills reimbursements (OEGP Skills). **OEGP Skills must be submitted in the quarter the expense was incurred.** (June 2022, September 2022, December 2022, and March 2023).

Office Enhancements funding has been approved for use under the PCN’s 2021-2024 Business Plan Renewal.

- **Fast-Tracked Items:** To apply for these ‘Fast Track’ items, please complete the rest of this form.
- **Insured Services Only:** Office Enhancements funding may only be used to reimburse physicians for expenses relating directly to comprehensive primary care insured services.
- **Multi-physician Practices:** Group purchases require the original signatures of all physicians involved in the purchase. The PCN must have a Physician Directives form on file for such purchases.

**Original Signatures Required:** Physicians must sign, date then fax, email, or mail this form along with receipts to the PCN, before payment will be released.

**Fax to PCN Office at 780-416-0139, email to [ap@sherwoodparkpcn.com](mailto:ap@sherwoodparkpcn.com), or mail original to:  
Sherwood Park – Strathcona County PCN  
#108 – 150 Broadway Crescent, Sherwood Park, AB T8H 0V3**

Physician Name: _____	Signature: _____
Date: _____	Percentage Allocation: _____ %
Physician Name: _____	Signature: _____
Date: _____	Percentage Allocation: _____ %
Physician Name: _____	Signature: _____
Date: _____	Percentage Allocation: _____ %
Physician Name: _____	Signature: _____
Date: _____	Percentage Allocation: _____ %

*Note: All physicians signing above are current members of the Sherwood Park Family Physicians NPC.*

# Physician Office Funds (OE and GP Skills) Application for Pre-Approval or Reimbursement

**For Year 15 Allocation: April 1, 2022 through March 31, 2023**



Eligible Expenses <i>(Call Kim at 780-997-4152 to find out your available funding or see email from January 2022)</i>	Reimbursement (Attach receipts)		
<p><b>1. Family Practice Support Program Buy-in or Top-up:</b> You can use your physician office funds to buy-in or top-up your FPSP program allocation. Note, in this scenario, the FPSP remains an employee of the PCN. Your buy-in or top-up amount goes 100% to paying for your additional time.</p> <p>The buy-in or top-up amount is \$15 x (Panel required for allocation – your panel). Consult with your PCN Clinical Manager to get your specific buy-in or top-up amount.</p>			
<p><b>2. Nurse time outside of FPSP program:</b> Physician office funds can be used to pay the wages, EI, CPP and benefits for a LPN, RN, or NP to provide full scope nursing support to physicians in their clinic. The funds can be used to pay for additional nurse time outside of the FPSP program. Nurses must practice full scope nursing duties and must not be involved in administrative tasks.</p> <p><input type="checkbox"/> Please provide a copy of the job description or list of duties for the nurse</p> <p><input type="checkbox"/> Please provide evidence of payment to the nurse (i.e. pay stub, time sheet, invoice)</p>			
<p><b>3. GP Skills Enhancement:</b> Includes time spent at a conference or professional development seminar, as well as time applied in specialist job shadowing. Does not include enrollment, tuition, or registration costs. Please attach documentation that shows event name, description and location. <b>Reimbursement is \$219.43/hour.</b></p>	<p>Total Hours: _____</p> <p>Amount: \$ _____</p>		
<p><b>4. Clinical equipment and software purchases:</b> PCN funding is provided by Alberta Health on the expectation that it will be used to enhance primary care. <b><u>Office Enhancements funding may only be used for expense reimbursement relating to insured services.</u></b> Reimbursement for equipment will be limited to purchase price and delivery charges of items plus GST. Late fees, financing charges, and other similar expenses are not eligible for reimbursement. Leased or rented equipment will be considered for reimbursement to the maximum amount remaining for the physician’s allocation.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 24 hr. blood pres. monitor  <input type="checkbox"/> ECG  <input type="checkbox"/> Fiberoptic lamp for PAP  <input type="checkbox"/> Surgical light unit  <input type="checkbox"/> Sidestream nebulizer  <input type="checkbox"/> Portable oxygen supply  <input type="checkbox"/> Digital Pediatric Scale  <input type="checkbox"/> Doppler – Obstetrical/Vascular  <input type="checkbox"/> AED/Defibrillator  <input type="checkbox"/> Liquid N2 spray gun  <input type="checkbox"/> Audiometry                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Cycling BP machine  <input type="checkbox"/> UV skin inspect. unit  <input type="checkbox"/> Headlamps  <input type="checkbox"/> Surgical head lamp and magnifier  <input type="checkbox"/> Spirometer  <input type="checkbox"/> Oximetry  <input type="checkbox"/> Autoclave  <input type="checkbox"/> Electric cautery/hyfreacator  <input type="checkbox"/> Wheelchair  <input type="checkbox"/> Otoscope/Ophthalmoscope  <input type="checkbox"/> Other _____                 </td> </tr> </table>	<input type="checkbox"/> 24 hr. blood pres. monitor <input type="checkbox"/> ECG <input type="checkbox"/> Fiberoptic lamp for PAP <input type="checkbox"/> Surgical light unit <input type="checkbox"/> Sidestream nebulizer <input type="checkbox"/> Portable oxygen supply <input type="checkbox"/> Digital Pediatric Scale <input type="checkbox"/> Doppler – Obstetrical/Vascular <input type="checkbox"/> AED/Defibrillator <input type="checkbox"/> Liquid N2 spray gun <input type="checkbox"/> Audiometry	<input type="checkbox"/> Cycling BP machine <input type="checkbox"/> UV skin inspect. unit <input type="checkbox"/> Headlamps <input type="checkbox"/> Surgical head lamp and magnifier <input type="checkbox"/> Spirometer <input type="checkbox"/> Oximetry <input type="checkbox"/> Autoclave <input type="checkbox"/> Electric cautery/hyfreacator <input type="checkbox"/> Wheelchair <input type="checkbox"/> Otoscope/Ophthalmoscope <input type="checkbox"/> Other _____	<p style="text-align: center;">Physician Purchase(s) (receipts required)</p> <p style="text-align: center;">\$ _____</p>
<input type="checkbox"/> 24 hr. blood pres. monitor <input type="checkbox"/> ECG <input type="checkbox"/> Fiberoptic lamp for PAP <input type="checkbox"/> Surgical light unit <input type="checkbox"/> Sidestream nebulizer <input type="checkbox"/> Portable oxygen supply <input type="checkbox"/> Digital Pediatric Scale <input type="checkbox"/> Doppler – Obstetrical/Vascular <input type="checkbox"/> AED/Defibrillator <input type="checkbox"/> Liquid N2 spray gun <input type="checkbox"/> Audiometry	<input type="checkbox"/> Cycling BP machine <input type="checkbox"/> UV skin inspect. unit <input type="checkbox"/> Headlamps <input type="checkbox"/> Surgical head lamp and magnifier <input type="checkbox"/> Spirometer <input type="checkbox"/> Oximetry <input type="checkbox"/> Autoclave <input type="checkbox"/> Electric cautery/hyfreacator <input type="checkbox"/> Wheelchair <input type="checkbox"/> Otoscope/Ophthalmoscope <input type="checkbox"/> Other _____		
<p><i>Note: Any item not listed above requires office enhancements pre-approval and be sent to your PCN Clinical Manager</i></p>			
<b>TOTAL EXPENSES:</b>	\$ _____		
<b>OFFICE USE ONLY</b>	<b>AMOUNT TO BE REIMBURSED:</b>		
	\$ _____		
<p><b>Approving Signature:</b></p>	<p><i>(Version: November 2022)</i> <b>5003-9004</b></p>		