

GPSC 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 GP Services Committee website www.gpsc.bc.ca.

If more than ten physicians are in a network, please attach additional pages.

* **Locums** – Please specify if 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 Network: _____

Hospital the Network is affiliated with: _____

<i>Names of Network Associates (please print legibly)</i>	<i>MSP Practitioner Number</i>	<i>MSP Payee Number</i>	<i>Effective Date</i>	<i>E-mail or Fax number (optional for updates)</i>

Date Submitted: _____

Network Contact name: _____ **Telephone Number:** _____

If any member of the network would like to receive updates from the GP Service Committee and other information relevant to maternity care networks, please specify your preferred method of contact in the space above.

SUBMIT TO: by e-mail to GPSCregistration@gov.bc.ca or by facsimile to 250-952-1417.

