MOCAP PHYSICIAN ADDITION/DELETION REQUEST FORM

Health Service Delivery Area:

Call Group Name:

Call Group Website ID:

This is the last set of numbers shown in your web browser address bar.
For example: https://vchoncall.hssbc.ca/Groups/Manage.aspx?**GroupId=342**

MOCAP Contract #: **E**

If you do not know your contract #, login to the On Call Scheduling System, select the group that you want to add or remove a member, click on "Manage Group," click on "Edit Group," scroll down the screen to the "code" field - that is your contract number.

Provider Information	MSP Billing #	Provider to be ADDED	Provider to be DELETED	Date of first shift	Provider Signature	Date of providers signature
Name:						
Email:						
Corporation Name:						
Name:						
Email:						
Corporation Name:						

By signing above:

a) *Providers ADDED to the MOCAP group agree to be a party to the above noted MOCAP contract and be subject to its terms and conditions effective from the date of the new Provider's signature; and*

b) *Providers DELETED from the MOCAP group will cease to be a party to the above noted MOCAP contract effective from the date of the deleted Provider's signature.*

Approved by:

(MOCAP Call Group Contact as per Article 11.3 of the MOCAP contract)

Approver Signature*:*

(MOCAP Call Group Contact as per Article 11.3 of the MOCAP contract)

Submitted by:

Email:

Date:

Please send this completed form to:
Physician Relations & Compensation E-mail: **mocap@vch.ca**