

APPENDIX D

FAMILY HEALTH ORGANIZATION CONTRACTED PHYSICIAN DECLARATION

TO: THE MINISTRY OF HEALTH (the “**Ministry**”)

AND TO: THE GENERAL MANAGER OF THE ONTARIO HEALTH INSURANCE
PLAN (the “**General Manager**”)

SECTION ONE: FHO CONTRACTED PHYSICIAN DECLARATION	
In the event the FHO Contracted Physician is a natural person, please complete the box below:	In the event the FHO Contracted Physician is a medicine professional corporation please complete the box below:
IN CONSIDERATION of the Ministry and the Family Health Organization (the “ FHO ”) entering into the Family Health Organization Agreement (the “ Agreement ”) under which the Ministry shall remunerate the undersigned physician and the FHO for the services to be provided as set out under the Agreement, the undersigned physician, [Insert name of physician] _____ hereby declares and acknowledges as follows:	IN CONSIDERATION of the Ministry and the Family Health Organization (the “ FHO ”) entering into the Family Health Organization Agreement (the “ Agreement ”) under which the Ministry shall remunerate [insert name of medicine professional corporation] _____ and the FHO for the services to be provided as set out under the Agreement, [insert name of medicine professional corporation] _____, a body corporate duly incorporated under the laws of the Province of Ontario, hereby declares and acknowledges as follows:

The undersigned confirms:

- (a) I will support the Family Health Organization’s ongoing efforts to enable patients to receive a response from the group with respect to administrative matters during regular business hours, including via email, text, phone or other combination.
- (b) I will support the Family Health Organization’s efforts to provide appropriate access that meets the needs of the practice’s patients including meeting contractually required after-hours coverage.

- (c) I will not direct patients to attend at an Emergency Department during regular business hours, and contractually required after hours, for conditions which can be appropriately assessed by a FHO physician.
 - (d) I will make best efforts to arrange clinically appropriate coverage when away from the practice which may include arranging cross coverage by other physicians in the Family Health Organization.
1. The undersigned has received a copy of the Agreement and have reviewed and fully understand the terms of the Agreement. The undersigned agrees to be bound by all applicable terms of the Agreement.
 2. As long as the undersigned is a FHO Contracted Physician the undersigned shall not claim directly or indirectly, or accept payment, or authorize any person to claim for or accept payment from the Ontario Health Insurance Plan (the “**Plan**”) or from any other person, for any FHO Services provided to Enrolled Patients other than as provided in the Agreement.
 3. The undersigned acknowledges and agrees that all payments to be made under the Agreement shall be made to the bank account specified by the FHO Physicians in accordance with the Governance Requirements as defined and as set out in the Agreement.
 4. In the event that the undersigned breaches any of the claim, payment or funding provisions set out in the Agreement, or where the undersigned owes a debt to the Minister for any other reason,
 - (a) the Ministry may retain, by way of deduction or set-off, out of any money that is due and payable to the undersigned by the FHO under the Agreement, all or part of such money as the Ministry sees fit in the circumstances; and
 - (b) the General Manager may retain, by way of deduction or set-off, under the Health Insurance Act, out of any money that is due and payable to the undersigned by the FHO or by the Plan, all or part of such money as permitted by that Act and the Agreement; and
 - (c) In the event that the General Manager does retain by way of a deduction or set-off any money due and payable to the FHO as a result of such debt of the undersigned, the FHO shall be entitled to deduct such amounts from any amounts payable to the undersigned by the FHO.
 5. The undersigned confirms that Dr. _____, as Lead FHO Physician, and Dr. _____ as Associate FHO Physician, have the authority to act on my/our behalf in accordance with the Governance Requirements as defined and as set out in the Agreement.

Dated at _____ this _____ day of _____, _____.
[City] [Day] [Month] [Year]

Name _____
Billing Number _____
Office Address _____

Email Address _____
Phone Number _____
Name of FHO _____

In the event the FHO Contracted Physician is a natural person:

Signature: Physician

OR

In the event the FHO Contracted Physician is a medicine professional corporation:

The [insert name of corporation] _____ hereby further represents, warrants to and covenants with the Ministry as follows:

- I. The [insert name of corporation] _____ is a corporation duly incorporated and validly subsisting pursuant to the laws of Ontario;
- II. The [insert name of corporation] _____ has full power and authority to enter into this Agreement and to observe, perform and comply with the terms and conditions of this Agreement, and all necessary action and procedures have been taken in order to enter into and authorize this Agreement; and
- III. The [insert name of corporation] _____ holds and shall continue to hold all registrations and certificates necessary to carry on business in Ontario and to perform its obligations under this Agreement; and
- IV. The Participating Voting Shareholder designated by the [insert name of corporation] _____ to provide FHO Services on behalf of the corporation is: [insert physician name] _____; and
- V. Except for the Participating Voting Shareholder designated in paragraph IV above and any other FHO Physician or FHO Contracted Physician, no Physician shall provide FHO Services on behalf of the [insert name of corporation] _____ unless agreed to in writing by the Ministry and the OMA.

Signature of Authorized Signing Officer

Name and Title: _____

I have the authority to bind the [insert name of Professional Corporation]

SECTION TWO: SHAREHOLDER ACKNOWLEDGEMENT

To be completed in the event the FHO Contracted Physician is a Medicine Professional Corporation by a Participating Voting Shareholder of that corporation:

Name of Participating Voting Shareholder:

Office Address:

Billing Number:

Phone Number:

Email Address:

I, the undersigned physician, being a Participating Voting Shareholder in the [insert name of professional corporation] _____, hereby acknowledge and agree that the Ministry's rights as set out in sections 2 and 4 of this Declaration, and sections 11.8 and 11.9 of the Agreement, shall apply to me in my personal capacity.

Signature Participating Voting Shareholder:

Name:

SECTION THREE: LEAD PHYSICIAN DECLARATION

I, _____ (Lead Physician), confirm that _____ (Physician) has received a copy of the Agreement and the FHO Governance Document(s) and by the signing of this Appendix has agreed to be bound by them. I agree on behalf of the FHO to provide to the Ministry such information as may be reasonably required for the purposes of this Appendix.

Signature: Lead Physician