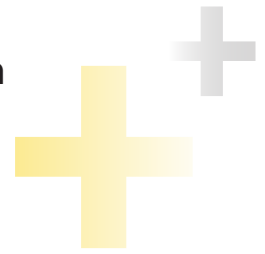


# Rural Community Comprehensive Care Bonus Application



**To:** Medical Services Division  
Department of Health and Community Services  
P.O. Box 8700, St. John's, NL A1B 4J6  
[MedServicesPrograms@gov.nl.ca](mailto:MedServicesPrograms@gov.nl.ca)

**From:** \_\_\_\_\_  
Physician Name  
\_\_\_\_\_  
Physician MCP Billing Number

This will confirm that I am a Fee-For-Service General Practitioner who practices outside of the Northeast Avalon (i.e. communities north of and including Holyrood and Witless Bay, with the exception of Bell Island). I understand that the Collaborative Services Committee may contact me in instances where my qualifying criteria cannot be assessed via fee codes.

**Physician Contact Information (phone or email):** \_\_\_\_\_

Please sign me up to receive MCP Newsletters electronically

**Physician Email:** \_\_\_\_\_

Please calculate and remit my \_\_\_\_\_ Rural Community Comprehensive Care Bonus.  
(year)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Note: Application must be submitted within three months of the bonus period ending (December 31).**

This personal information is being collected for the purpose of facilitating payment of the Rural Community Comprehensive Care Bonus under the authority of Section 61(c) of the **Access to Information and Protection of Privacy Act**. If you have any questions relating to the collection of this personal information, please contact Medical Services Division at the email provided above.