

APPENDIX C
as amended January 1, 2006

**FAMILY HEALTH ORGANIZATION
CONTRACTED PHYSICIAN DECLARATION**

TO: THE MINISTRY OF HEALTH AND LONG-TERM CARE (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: |

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.
 - (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 _____ ,
_____.

| | |
|----------------|-------|
| Name | _____ |
| Billing Number | _____ |
| Office Address | _____ |
| | _____ |
| Fax Number | _____ |
| Phone Number | _____ |
| Name of FHO | _____ |

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

Signature: Physician

Witness

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:

1. The _____ [insert name of corporation] is a corporation duly incorporated and validly subsisting pursuant to the laws of Ontario;
2. 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
3. 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.

Signature: Authorized Signing Officer

Witness

Name & Title: _____

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

AND

| | |
|--|-----------------|
| SECTION TWO: SHAREHOLDER ACKNOWLEDGEMENT | |
| To be completed in the event the FHO Contracted Physician is a medicine professional corporation by each voting shareholder of that corporation: | |
| Name of Voting Shareholder: | Office Address: |
| Billing Number: | Phone Number: |
| | Fax Number: |

| | |
|---|-----------------|
| Name of Voting Shareholder: | Office Address: |
| Billing Number: | Phone Number: |
| | Fax Number: |
| Etc. for each voting shareholder of the corporation | |

We, the undersigned physicians, being all of the voting shareholders in the _____, [insert name of professional corporation] hereby acknowledge and agree that the Ministry's rights as set out in sections 3 and 4 of this Declaration, and sections 13.3 and 13.4 of the Agreement, shall apply to each one of us in our personal capacities.

List Names of each voting shareholder:

 Name:

Witness

 Name:

Witness

Etc.

AND

SECTION THREE: LEAD PHYSICIAN DECLARATION

I, _____ (Lead Physician), confirm that _____ (Physician) has received a copy of the Agreement and the FHO Governance Documents 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

