



# MATERNITY NETWORK REGISTRATION FORM

In order to register for the Full Service Family Practice Program’s Maternity Care Network Payments, each General Practitioner 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 at: [www.health.gov.bc.ca/cdm/practitioners/](http://www.health.gov.bc.ca/cdm/practitioners/) or the BCMA website, <http://www.bcma.org/public/CDM/CDMIncentivePaymentInfo.htm>

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

\***Locums** – Please specify if locum. Locums 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>Practitioner Number</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 Services Committee and other information relevant to maternity care networks, please specify your preferred method of contact in the space above.

**SUBMIT TO:** Administrator, Physician Network Registration  
**FAX:** 1-800-952-2895 (toll free)

**Questions: Please write to Administrator: Fax 1-800-952-2895 (toll free)**