

# Locum Claim Available for Your Creation

## Overview

In order for you to submit a locum claim electronically, a Cost Center Manger (CCM) or delegate must prepare a claim set up.

Once a claim set up has been prepared, you will receive an email notification (*figure 1*) that you have a claim form waiting for your creation. Itemized receipts and supporting documents (eg: Google map printout) must be attached to your claim form electronically - faxed copies will not be accepted.

When you have entered all required information (and attached appropriate documents) on your electronic claim form, you may submit it for review, approval and payment.

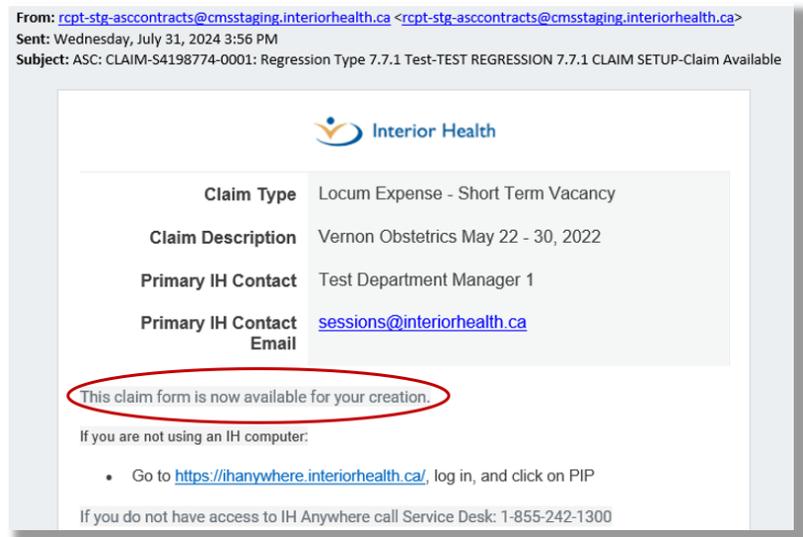


Figure 1: Email notification - locum claim ready for your creation.

1. Log onto PIP in the Application Portal on an IH computer or remotely through IH Anywhere on your office or home computer. See separate instructions for Accessing PIP [here](#).
2. Click **Create**, then **New** from Main Menu (*figure 2*).

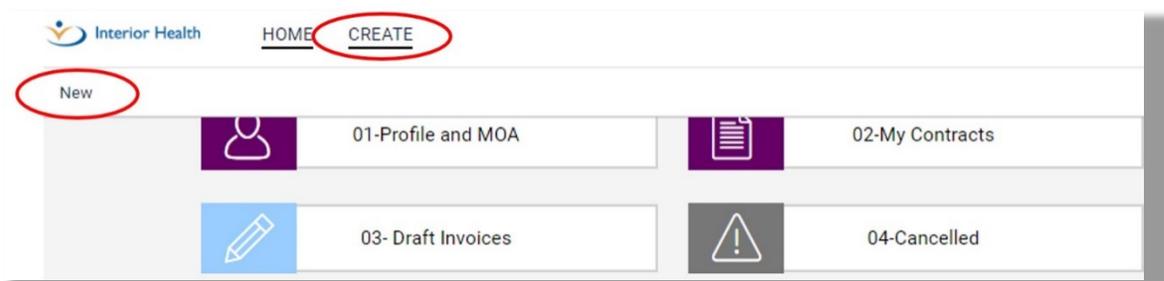


Figure 2: Click Create, then New.

3. Select locum claim you wish to complete for submission (*figure 3*).

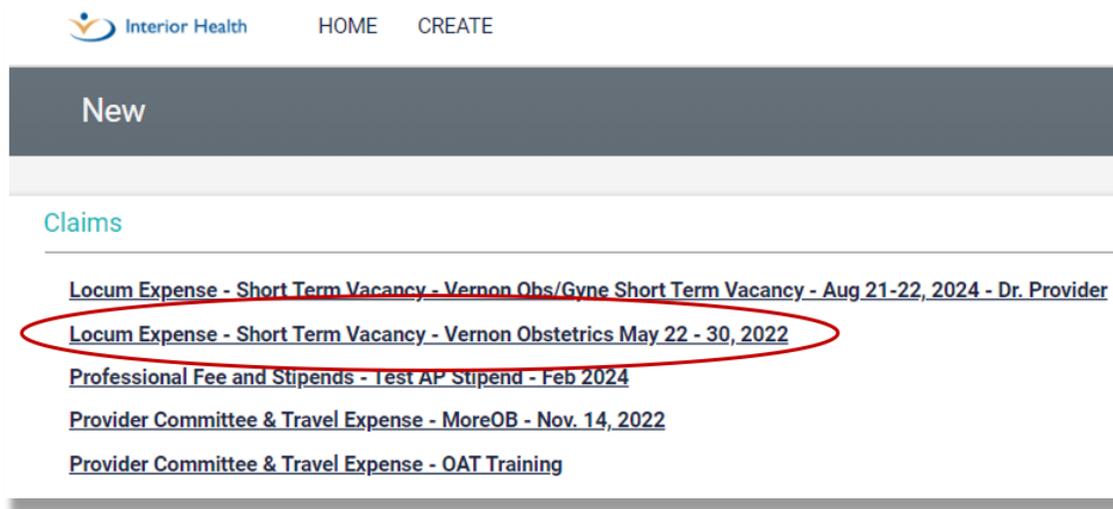


Figure 3: Lists all claims ready for your creation (completion).

## Entering Locum Claim Information

4. Confirm claim information entered by CCM/delegate is correct (figure 4).

### Claim Information

Confirm correct information has been entered. As these are read only fields, information cannot be edited. If corrections need to be made, contact your CCM or delegate (see #12, Submission Address).



Figure 4: Confirm claim information is correct.

5. Instructions (figure 5)

For your information only, no entries required.

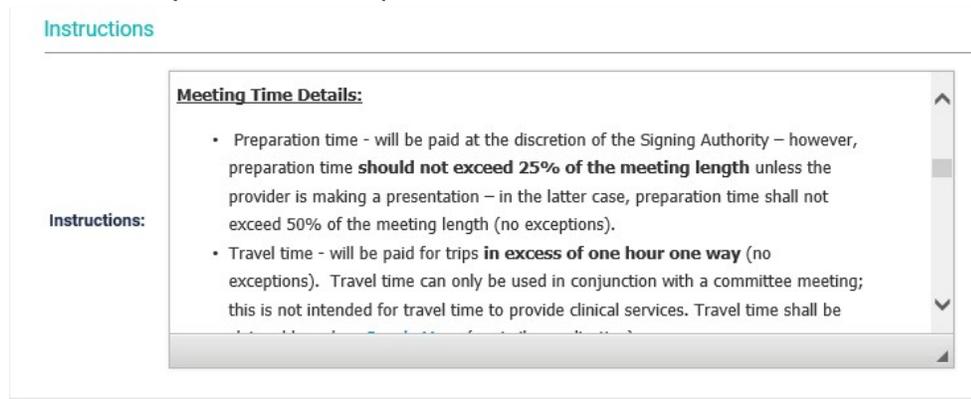
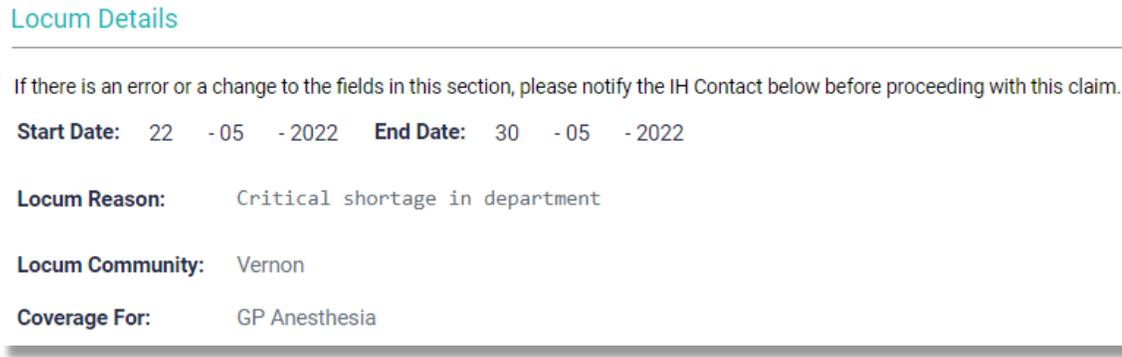


Figure 5: Instructions.

## 6. Locum Details (figure 6).

### Locum Details

Confirm correct information has been entered. As these are read only fields, information cannot be edited. If corrections need to be made, contact the delegate (see #12, Submission Address).



**Locum Details**

If there is an error or a change to the fields in this section, please notify the IH Contact below before proceeding with this claim.

**Start Date:** 22 -05 -2022 **End Date:** 30 -05 -2022

**Locum Reason:** Critical shortage in department

**Locum Community:** Vernon

**Coverage For:** GP Anesthesia

Figure 6: Confirm Locum details are correct.

## Entering Expenses for Locum Claims

In order to request reimbursement for expenses, each expense must be entered in the correct section of a claim form. IH reimbursement criteria must be observed for all expenses being claimed. Itemized receipts must be attached in the *Comments & Attachments* section. Original receipts are no longer required; you may retain them for your records.

### Airfare Expenses

The total charge should be entered as one line in *Travel and Accommodation* section using *Airfare* drop down selection.

#### **Reimbursement Criteria:**

- Return airfare must be lowest economy rate (Tango, Flex, Jazz) for the locum only.
- Remove amounts for seat selection, extra baggage, in-flight costs and other optional expenses.

### Accommodation Expenses

The total charge should be entered as one line in *Travel and Accommodation* section using *Accommodation* drop down selection.

#### **Reimbursement Criteria:**

- Local accommodation, reimbursement for overnight hotel accommodation will not exceed the maximum nightly rate specified in the current Locum Expense Policy plus tax.
- Physicians choosing private accommodations may claim a maximum rate of \$30/night.
- Parking: See *Other Transportation* (outlined below).

The following charges may not be claimed:

- Room service: See *Meals* (outlined below).
- Alcohol
- Additional room charges (internet, movies, pet charges, etc.).

## Meal Expenses

Meal charges should be added in *Travel and Accommodation* section, using *Meals* drop down selection. Meals for travel days only. **Reimbursement Criteria:**

- Must be itemized receipts (must attach in *Comments & Attachments* section of claim form). Credit or debit slips are not accepted.
- Remove alcohol charges, tax and tip associated with alcohol.
- Up to a maximum of \$49.05 per day + tax and 15% tip. Travel less than 7 hours one-way may have the value prorated to a maximum of \$25 per day + tax and 15% tip

## Other Transportation Expenses

Charges should be added in *Travel and Accommodation* section, using *Other Transportation* drop down selection.

**Reimbursement Criteria:**

- Taxi, Ferry, Tolls, etc. charges allowed.
- Parking at the locum site is not reimbursable.

## Vehicle Rental Expenses

The total charge should be entered as one line in *Travel and Accommodation* section using *Vehicle Rental* drop down selection.

**Reimbursement Criteria:**

- Ensure rental is economy with no upgrades or optional charges.

## Vehicle Rental Fuel Expenses

This amount should be entered as a separate line if it is a separate receipt, in *Travel and Accommodation* section using *Vehicle Rental*.

**Reimbursement Criteria:**

- Fuel charges can be claimed for transportation to and from the community, and for in-community travel during locum assignment

## Mileage Expenses - Automatically Calculated

Automatic calculation occurs when town/city appears in the drop down menus in both To and From fields. In *Mileage* select appropriate town/city in drop down menus.

**Reimbursement Criteria:**

- Round-trip mileage can be claimed when personal vehicle is used for transportation to and from community, as well as in-community transportation during locum assignment

## Mileage Expenses - Manual Entry

A manual entry is required when the town/city does not appear in the drop down menus in the To and From fields. In *Mileage* section, select *Other* and manually enter town/city.

**Reimbursement Criteria:**

- Round-trip mileage can be claimed when personal vehicle is used for transportation to and from community, as well as in-community transportation during locum assignment

- Only community to community travel is eligible to claim (do not claim address to address). For example, the number of kilometers to claim would be found by searching “Kelowna to Vancouver” using Google Maps, not your “home address to the hotel or hospital address”.
- Must attach Google map printout, see #15, *Comments & Attachments*, of this manual.

7. Enter Travel Details (figure 7).

### **Travel Details**

Enter travel details destinations From and To from drop down menu.

Enter Departure Date & Arrival Date (these will be the same date in most cases). Use calendar icon 

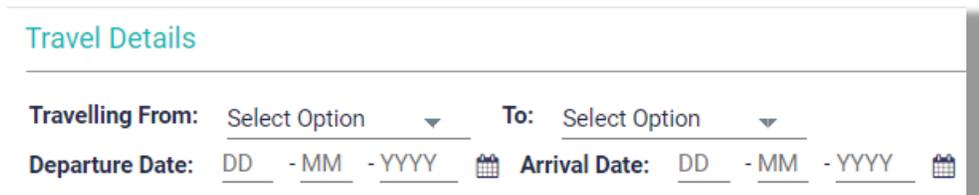


Figure 7: From & To Travel Destinations

If travel destination is not available in drop down menu, choose **Other** and manually type entry (figure 8).

### **Travel Details**

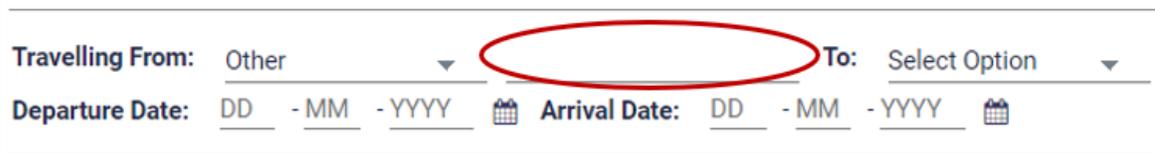


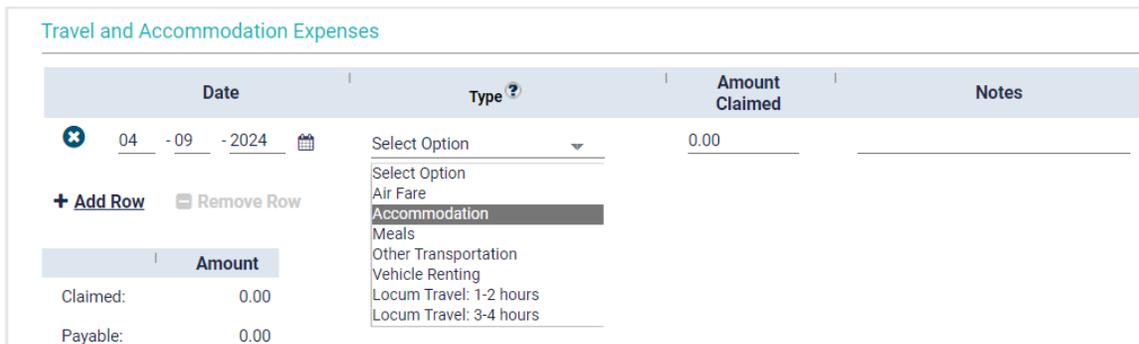
Figure 8: Choose Other, then manually type entry.

8. Enter Travel and Accommodation Expenses (figure 9).

### **Travel and Accommodation Expenses**

Enter ALL travel and accommodation expenses (hotel, meals, other transportation, vehicle rental, etc.).

See page 3, 4 for how expenses should be entered. Use **Notes** column as required.



| Date           | Type ?        | Amount Claimed | Notes |
|----------------|---------------|----------------|-------|
| 04 - 09 - 2024 | Select Option | 0.00           |       |

+ Add Row   - Remove Row

| Amount        |
|---------------|
| Claimed: 0.00 |
| Payable: 0.00 |

Figure 9: Travel & Accommodation Expenses.

## TO ADD, REMOVE OR DELETE AN EXPENSE LINE (figure 10)

**Add:** Click **Add Row** to add another line.

**Remove:** Click **Remove Row** to remove a line.

**Delete:** Use **✖** button to delete a selected line.

Travel and Accommodation Expenses

| Date             | Type ?        | Amount Claimed |
|------------------|---------------|----------------|
| ✖ 04 - 09 - 2024 | Accommodation | 0.00           |
| ✖ DD - MM - YYYY | Select Option | 0.00           |

**+ Add Row** **Remove Row**

| Amount        |
|---------------|
| Claimed: 0.00 |
| Payable: 0.00 |

Figure 10: Click Add Row or Remove Row to add or delete a line

## 9. Enter Mileage.

### Mileage

Mileage is automatically calculated when town/city is selected in drop down menu in To and From fields (figure 11).

Mileage

| Date             | From          | To            | Round Trip    | Kms Claimed | Rate |
|------------------|---------------|---------------|---------------|-------------|------|
| ✖ DD - MM - YYYY | Select Option | Select Option | Select Option |             | 0.53 |

**+ Add Row** **Remove Row**

| Kms           | Amount |
|---------------|--------|
| Claimed: 0.00 | 0.00   |
| Payable: 0.00 | 0.00   |

Figure 11: Mileage, automatically calculated when To and From drop down menus are used.

### Manual Mileage Entry

A manual mileage calculation must be entered if town/city is not listed in the drop down menus (figure 12).

- Select **Other** from drop down menu.
- Manually enter city/town traveling To/From.
- Enter mileage calculation (use **Google Maps**, a copy must be attached (uploaded) to your electronic claim form.)

Mileage

| Date             | From  | To | Round Trip    | Kms Claimed | Rate |
|------------------|-------|----|---------------|-------------|------|
| ✖ DD - MM - YYYY | Other |    | Select Option |             | 0.53 |

**+ Add Row** **Remove Row**

| Kms           | Amount |
|---------------|--------|
| Claimed: 0.00 | 0.00   |
| Payable: 0.00 | 0.00   |

Figure 12: Mileage manually entered when selection not available in drop down menu.

## 10. Claim Summary - Information Only.

### **Claim Summary**

View the total amount claimed for expenses (figure 13).



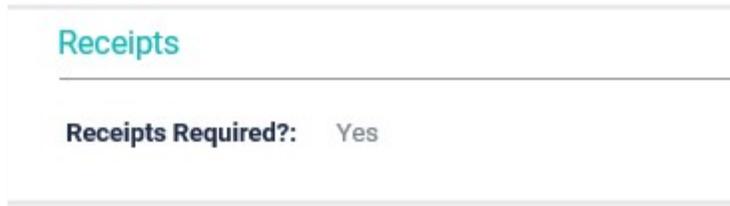
|          | Before GST | GST   | Total  |
|----------|------------|-------|--------|
| Claimed: | 362.50     | 18.13 | 380.63 |
| Payable: | 362.50     | 18.13 | 380.63 |

Figure 13: View total amount claimed.

## 11. Receipts - Information Only.

### **Receipts**

Indicates if receipts are required for your claim submission (figure 14).



Receipts

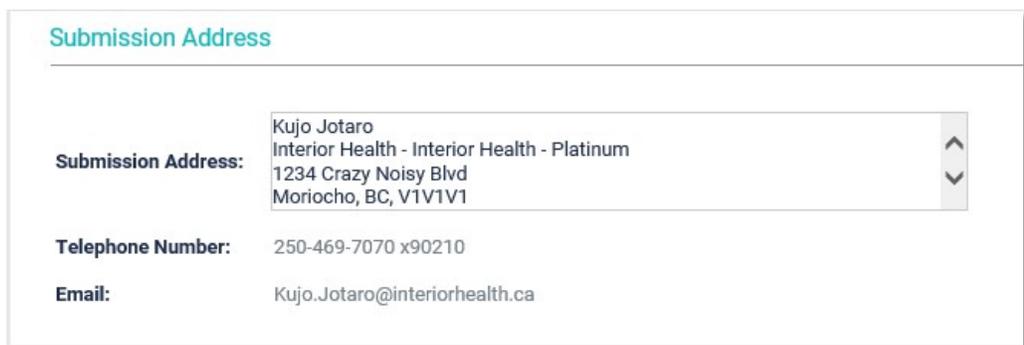
Receipts Required?: Yes

Figure 14: Indicates that receipts are required for claim.

## 12. Submission Address - Information Only.

### **Submission Address**

This is the delegate who created your claim form. Contact the delegate listed in the case a correction is needed for your claim (figure 15).



Submission Address

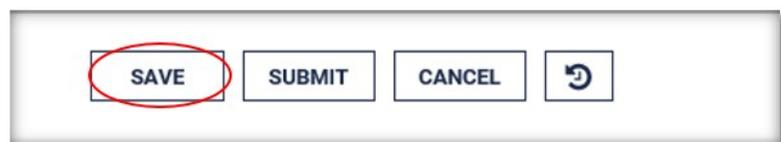
Submission Address: Kujo Jotaro  
Interior Health - Interior Health - Platinum  
1234 Crazy Noisy Blvd  
Moriocho, BC, V1V1V1

Telephone Number: 250-469-7070 x90210

Email: Kujo.Jotaro@interiorhealth.ca

Figure 15: Delegate's contact information.

13. Click **Save** at bottom of screen (figure 16).



SAVE SUBMIT CANCEL ↺

Figure 16: Click Save at bottom of screen.

14. Click Provider Declaration.

### **Provider Declaration**

Clicking the **I Accept** box is considered your electronic signature for your claim submission (figure 17).

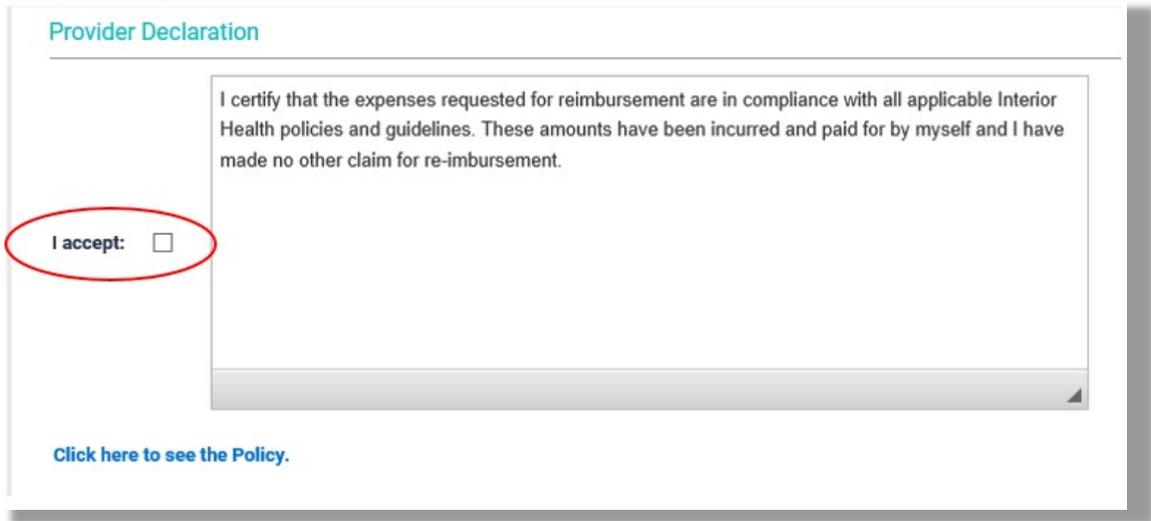


Figure 17: Provider's Declaration check box.

15. Attach Documents in Comments & Attachments section.

### **Comments & Attachments**

Your receipts & documents are attached using this section (figure 18).

- Scan and save receipts and/or documents to your Desktop.
- Click  button.
- Choose the attachment you wish to attach from your **Desktop**.
- Click **Open**.



Figure 18: Attach receipts and documents in this section.

### **Attachment Types**

Receipts: Hotel, meals, vehicle rental, taxi, etc.

Documents: Google maps printout, exceptions (hotel room more than IH policy), etc.

19. Provider Information - N/A

20. Remittance Address - N/A

21. Internal Use Only - N/A

## To Submit Your Claim

1. Enter all travel and expense information.
2. Attach receipts and documents.
3. Ensure all required fields (indicated by red asterisks **\***) have been completed.
4. Ensure **I Accept** box has been checked in Provider Declaration section.
5. Click **Save**.
6. Click **Submit**.

\* **Note:** Once submitted, this claim will now appear in your Pending Approval folder from the **Home** page.