**Regional LHN site:**

**Medical Officer:**       **Service date:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * I hereby claim payment for the time spent, specified below, for provision of medical services provided in respect of public patients. * This claim does not include time spent for provision of medical services provided in respect of private patients. * This claim is consistent with clinical notes I documented in each patients' medical record. * I understand my claim may be audited and the payment may be recovered if the minimum standards required for payment are not met.   **Signature:** **Date:**      . | | | | | | | **Office Use Only** | | |
| **Date Processed** | |  |
| **Finance Officer** | |  |
| **Date of service** | **Specialty** (i.e. Locum GP, Anaesthetics, Obstetrics) | **Start time of shift** | **End time of shift** | **Unpaid break** | **Total Hours Payable** | **Description of services** (i.e. off-site sessional, onsite sessional, locum shift) | **Rate of pay** | | **Total $ amount payable** |
| **$ Amount** | **Unit (i.e. hour, day)** |
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| *Please do not alter this form* | | | | | | | **Total Payable:** | |  |

## For more information

Rural Support Service

Clinical Workforce Finance Team

[Health.RSSClinicalWorkforceFinance@sa.gov.au](mailto:Health.RSSClinicalWorkforceFinance@sa.gov.au)

Telephone: 0477 345 219

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