

Collaborating Physician Expression of Interest

Name of Physician Group: _____

Contact: _____ Email: _____

Practice Model (Please check most applicable):

BSM - Blended salary model

CCM - Comprehensive care model

FHG - Family health group

FHN - Family health network

FHO - Family health organization

RNPG - Rural and Northern Physician Group

FFS - Solo fee-for-service

FHT - Family Health Team

Other, please specify: _____

Number of Physicians in Practice (Estimate): _____