

GPSC Patient Conferencing Fees 14015/14016/14017

Date: _____

Start/Stop Time of Service: _____ Unit(s)¹ _____

Family Members Involved: _____

Other Health Professionals & their role in provision of care:

Requirement for Facility/Community Patient Conference/Care Plan:
Frail Elderly / Palliative or End of Life / Mental illness / Complex

Risks/Problems (list of co-morbidities/safety risks):

Prioritized Interventions/Referrals/Follow-ups² (Patient Goals for Treatment):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Planned Date of Follow-up: _____

1. \$40/unit; 1 unit = 15 minutes; 6 unit maximum/year; 4 unit maximum/day
2. Follow-ups should include timelines/contact information

