

<p>[Name] Community Health Centre Adult/Older Adult Address: Tel: Fax:</p>

**FAX COVER SHEET: PHYSICIAN/NP/INTERDISCIPLINARY
CARE CONFERENCE**

TO:				FROM:			
Phone		Fax		Phone		Fax	

This is to acknowledge a care conference with you. Details:

PATIENT/CLIENT INFORMATION					
PHN:		DOB (YYYY-MM-DD):		PARIS ID (for VCH only):	
Physician:					

Please find attached GP Care Conference case notes.

MSP Billing:

- *For GP's participating in the "A GP for Me" Attachment Initiative only: use GP Attachment Patient Conference Fee **G14077***
- *For all other GP's: use Community Patient Conferencing Fee **G14016***

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