Connected Care Halton
ONTARIO HEALTH TEAM
HALTON HILLS • MILTON • OAKVILLE

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): _____

Please return completed form to info@cchoht.ca