



NOVA SCOTIA MEDICAL SERVICES INSURANCE
P.O. BOX 500 HALIFAX, N.S. B3J 2S1



PROVINCIAL LOCUM PROGRAM
Application for GP Locum
Effective July 1, 2010

LOCUM PHYSICIAN INFORMATION

| | | | | | |
|--|---|----------------|--|-------------------|--|
| Physician Name | | CPSNS Reg # | | MSI Provider # | |
| Mailing Address | | | | | |
| Practice Address (if different from mailing address) | | | | | |
| Daytime Phone Number | | Fax Number | | | |
| E-mail Address | | | | | |
| Preferred Payment Option | <input type="checkbox"/> Guaranteed Daily Rate <input type="checkbox"/> Fee for Service | | | | |

Locum Physician Signature

Date

HOST PHYSICIAN INFORMATION

| | | | |
|--|--|-------------------|--|
| Physician Name | | MSI Provider # | |
| Practice Address | | Submitter ID | |
| Daytime Phone Number | | Fax Number | |
| E-mail Address | | | |
| Overhead payee if different from above | | | |

LOCUM SERVICES

| | | | |
|---|--|--|--|
| Dates | | | |
| <input type="checkbox"/> Office Practice <input type="checkbox"/> Emergency Department Coverage | | | |
| Schedule: _____ | | | |

Host Physician Signature (required if office practice selected)

Date

Host DHA Chief of Staff Signature (required if Emerg Dept only selected)

Date

Signed Application forms to be submitted to the attention of MSI, as follows:
Fax: (902) 496-3060 (toll free: 1-855-350-3060) or Email: Locumprogram@medavie.ca

Mail: MSI – Locum Program
P.O. Box 500
Halifax, NS B3J 2S1

Delivery Address: MSI – Locum Program
230 Brownlow Ave.
Dartmouth, NS B3B 0G5

MSI Internal Use Only:

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|----------|--|------|--|
| Approved | | Date | |
|----------|--|------|--|