



PROVINCIAL LOCUM PROGRAM Application for Specialist Locum Effective January 1, 2015

	LOCUM PHYSICIA			
Physician Name		CPSNS Reg #	MSI Provider #	
Mailing Address		0	<u> </u>	
Practice Address (if different from				
mailing address)		, ,		
Daytime Phone Number		Fax Number		
E-mail Address				
Preferred Payment Option	☐ Guaranteed Daily Rate	☐ Fee for Service		
	HOST DHA INFO	RMATION		
DHA	HOOT BIIA III C	KIIIATION		
Hospital/specialty service				
Physician being covered			MSI Provider #	
Daytime Phone Number		Fax Number	<u> </u>	
E-mail Address		<u>, </u>		
	LOCUM S	ERVICES		
Dates				
Dates ☐ Office Practice	☐ Call			
		le:		
	Schedu	le:		
☐ Office Practice	Schedu			
☐ Office Practice ☐ Other (please detail):	Schedu	le:		
☐ Office Practice ☐ Other (please detail): Who will be submitting the claims?	Schedu		Submitter ID	
☐ Office Practice ☐ Other (please detail):	Schedu		Submitter ID Phone Number	
☐ Office Practice ☐ Other (please detail): Who will be submitting the claims? Email Address	Schedu	FORMATION		ram?
☐ Office Practice ☐ Other (please detail): Who will be submitting the claims? Email Address	BILLING INI usly provided services for this	FORMATION Host Physician and/or Clini	Phone Number	ram?
☐ Office Practice ☐ Other (please detail): Who will be submitting the claims? Email Address	BILLING INI usly provided services for this	FORMATION Host Physician and/or Clini Yes □	Phone Number	ram?
☐ Office Practice ☐ Other (please detail): Who will be submitting the claims? Email Address Has this Locum Physician previo	BILLING INI usly provided services for this No Da nitted to the attention of MSI, as	FORMATION Host Physician and/or Clini Yes te	Phone Number	ram?
☐ Office Practice ☐ Other (please detail): Who will be submitting the claims? Email Address Has this Locum Physician previo Host DHA Chief of Staff Signature Signed Application forms to be subm	BILLING INI usly provided services for this No Da nitted to the attention of MSI, as	FORMATION Host Physician and/or Clini Yes te	Phone Number	ram?