

PAYMENT AUTHORIZED BY:



TOTAL:

DATE:

PROVINCIAL LOCUM PROGRAM GP and SPECIALIST CLAIM FORM

			MSI USE ONI	Y:	
ATTN:			RECEIVED:		
Provincial Locu	ım Program		ENTERED:		
PO Box 500			PAYMENT DATE:		
Halifax, NS B3J	201		TATMENT DATE.		
•					
Tel: (902) 496-7	104				
Via fax to:	(902) 496-3060 (Local)	Via email to: Locur	mprogram@medavie.ca		
	1-855-350-3060 (Toll Free)				
LOCUM PROVIDER		PROVIDER/GROUP #	DATES WORK	DATES WORKED:	
FACILITY NAME					
TYPE OF PAYME	ENT:	DAYS/HOURS/KM	X RATE =	AMOUN'	
	M (requiring accommodation)		\$175.00		
	M (not requiring accommodation)		\$70.00		
LOCUM MILEAGI			\$0.4670		
LOCUM DAILY R	ATE GP*		\$800.00		
LOCUM DAILY R	ATE SP**		\$1,200.00		
LOCUM TRAVEL	OUT OF PROVINCE:				
OTHER:					
*GP = General Pr	actitioner Rate; **SP = Specialist Rate		TOTAL:		
***See guidelines f	or details	Rates effective for dates	s of service 01Apr20-31Mar21		
TRAVEL DETAIL	S:				
DATE	FROM	ТО	KILOMETRE	S	
		TOTAL	:		
SIGNATURE OF	CLAIMANT:		DATE:		
X					
HOST PROVIDER	R/GROUP NAME:	PROVIDER/GROUP #	DATES WORK	ED:	
FACILITY NAME:	:				
OTHER OFFINIO	TO DROVIDED ON DATES WORKED				
	ES PROVIDED ON DATES WORKED:			1 \ (1)	
	e for additional compensation provided or		cum stipend (either half day or full	day) must be	
	dditional space is available on page 2 if ne		1		
	[dates]	. □ Nursing Home [o			
☐ Inpatient [dates]		_ ⊔ Emergency De	□ Emergency Dept [dates] Other (specify)		
☐ Primary Maternity Care [dates]					
		[dates]			
MSI USE ONLY					
TYPE OF PAYME	ENT:	DAYS	X RATE =	AMOUN'	
LOCUM OVERHE	AD		\$210.00		

DDITIONAL INFORMATION:						
	ADDITIONAL INFORMATION:					

October 2020