



MSI USE ONLY:

## PROVINCIAL LOCUM PROGRAM GP and SPECIALIST CLAIM FORM

ATTN:			REC	EIVED:		
<b>Provincial Loc</b>	um Program		ENT	TERED:		
PO Box 500	-		PAYMENT	DATE:		
Halifax, NS B3J	1.281					
Tel: (902) 496-7						
161. (302) 430-7	104					
Via fax to:	(902) 496-3060 (Local)	Via email to: Locum	nprogram@m	nedavie.ca	ı	
LOCUM DDOVID	1-855-350-3060 (Toll Free)	DDGV/IDED/GDGVID #		DATE	WORKER	<b>\</b> -
LOCUM PROVID	JEK	PROVIDER/GROUP #		DATES	S WORKED	) <u>:</u>
FACILITY NAME	i:					
TYPE OF PAYMI	ENT:	DAYS/HOURS/KM	Х	RATE	=	AMOUNT
LOCUM PER DIE	EM (requiring accommodation)					
LOCUM PER DIE	EM (not requiring accommodation)					
LOCUM MILEAG	E .					
LOCUM DAILY R	RATE GP*					
LOCUM DAILY R	RATE SP**					
LOCUM TRAVEL	OUT OF PROVINCE:					
OTHER:						
*GP = General P	ractitioner Rate; **SP = Specialist Rate				TOTAL:	
***See guidelines	for details	Rates effective for dates	of service 01	Apr21 - 31	Mar22	
TRAVEL DETAIL	.S:					
DATE	FROM	то		KILC	METRES	
		TOTAL	:			
SIGNATURE OF CLAIMANT:			DATE:			
X						
HOST PROVIDE	R/GROUP NAME:	PROVIDER/GROUP #		DATES	WORKED	):
FACILITY NAME	:					
	ES PROVIDED ON DATES WORKED:					
	ble for additional compensation provided on the	<del></del>	um stipend (ei	ther half da	y or full day	/) must be
	dditional space is available on page 2 if neede					
☐ Office Practice		☐ Nursing Home [d				
☐ Inpatient [date		☐ Emergency De				
□ Primary Mater	nity Care [dates]	☐ Other (specify) _				
		[dates]				
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TYPE OF PAYM		DAYS	X	RATE	=	AMOUNT
LOCUM OVERHI	EAD				TOTAL	
PAYMENT AUTH	IODIZED BV:		DATE:		TOTAL:	
FATIVIENT AUT	IUNIZED DT:		DATE:			

ADDITIONAL INFORMATION:							