



MSI USE ONLY:

## PROVINCIAL LOCUM PROGRAM GP and SPECIALIST CLAIM FORM

ATTN:			R	ECEIVED:			
<b>Provincial Locu</b>	um Program		Е	NTERED:			
PO Box 500	-		PAYME	NT DATE:			
Halifax, NS B3J	251						
Tel: (902) 496-7	104						
	(000) (0000 (1 1)			o			
Via fax to:	(902) 496-3060 (Local)	Via email to: Locun	nprogram@	@medavie.c	a		
	1-855-350-3060 (Toll Free)						
LOCUM PROVID	ER	PROVIDER/GROUP #		DATE	S WORKED:		
FACILITY NAME:							
TYPE OF PAYME		DAYS/HOURS/KM	X	RATE	=	AMOUNT:	
	M (requiring accommodation)						
	M (not requiring accommodation)						
LOCUM MILEAGI							
LOCUM DAILY R							
LOCUM DAILY R							
	OUT OF PROVINCE:						
OTHER:							
*GP = General Pr	actitioner Rate; **SP = Specialist Rate				TOTAL:		
***See guidelines f	for details	Rates effective for dates	s of service	9 01Apr22 - 0	1Mar23		
TRAVEL DETAIL	S:						
DATE	FROM	ТО		KIL	OMETRES		
		TOTAL	.:				
SIGNATURE OF	CLAIMANT:		DATE:				
X HOST PROVIDER	R/GROUP NAME:	PROVIDER/GROUP #		DATES WORKED:			
		TROTIBLITORIOU "					
FACILITY NAME:							
OTHER SERVICE	ES PROVIDED ON DATES WORKED:						
	le for additional compensation provided			/a:4h a u h alf al	المالية مناه	L marrat la a	
			um supena	(either hail d	ay or rull day	must be	
	dditional space is available on page 2 if						
☐ Office Practice		\bigcup  \text{Nursing Home [c}	dates]				
☐ Inpatient [date:							
□ Primary Materr	nity Care [dates]	_ Other (specify) _	☐ Other (specify)				
		[dates]					
MSI USE ONLY							
TYPE OF PAYME	ENT:	DAYS	X	RATE	=	AMOUNT:	
LOCUM OVERHE	AD						
					TOTAL:		
PAYMENT AUTH	ORIZED BY:		DATE:				

ADDITIONAL INFORMATION:							