



PROVINCIAL LOCUM PROGRAM PSYCHIATRIST CLAIM FORM

ATTN: Provincial Locum Program PO Box 500 Halifax, NS B3J 2S1 Tel: (902) 496-7104

MSI USE ONLY:				
RECEIVED:				
ENTERED:				
PAYMENT DATE:				

Via fax to:	(902) 496-3060 (Local) 1-855-350-3060 (Toll Free)	Via email to: Locumprogram@medavie.ca				
LOCUM PROVIDER		PROVIDER/GROUP #		DATES	WORKE	D:
FACILITY NAME:						
TYPE OF PAYMENT:		DAYS/HOURS/KM	X	RATE	=	AMOUNT:
LOCUM PER DIEM (require	ing accomodation)					
LOCUM PER DIEM (not red	quiring accomodation)					
LOCUM MILEAGE						
LOCUM TRAVEL OUT O	F PROVINCE*					
OTHER:						
*Ùee guidelines for details					TOTAL:	

TRAVEL DETAILS:

TOTAL: HOST PROVIDER/GROUP NAME: PROVIDER/GROUP # DATES WORKED: FACILITY NAME: SIGNATURE OF CLAIMANT: DATE:									
TOTAL: HOST PROVIDER/GROUP NAME: PROVIDER/GROUP # DATES WORKED: FACILITY NAME: SIGNATURE OF CLAIMANT: DATE:	DATE	DATE FROM		KILOMETRES					
HOST PROVIDER/GROUP NAME: PROVIDER/GROUP # DATES WORKED: FACILITY NAME: SIGNATURE OF CLAIMANT: DATE:									
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SIGNATURE OF CLAIMANT: DATE:	HOST PROVIDER/GROUP	IOST PROVIDER/GROUP NAME:		DATES WORKED:					
SIGNATURE OF CLAIMANT: DATE:									
	FACILITY NAME:								
	SIGNATURE OF CLAIMANT			DATE					
PAYMENT AUTHORIZED BY: DATE:		PAYMENT AUTHORIZED BY:		DATE:					
	PAYMENT AUTHORIZED	BY:		DATE:					

Rates effective for dates of service 01Apr22-31Mar23

Note: Psychiatrists are paid per diem and mileage directly through the Provincial Locum Program. Psychiatry rates are paid through District Psychiatry Contracts. All billings should be submitted directly to MSI, or as directed by the DHA.