NOVA SCOTIA MEDICAL SERVICES INSURANCE
P.O. BOX 500 HALIFAX, N.S. B3J 2S1

NOVA SCOTIA

EMERGENCY DEPARTMENT
MILEAGE CLAIM FORM

MSI USE ONLY:	
RECEIVED:	
ENTERED:	
PAYMENT DATE:	

ATTN:
Provincial Locum Program
PO Box 500
Halifax, NS B3J 2S1
Tel: (902) 496-7011

Via fax to: (902) 496-3060 (Local)
1-855-350-3060 (Toll Free)

Via email to: Locumprogram@medavie.ca

LOCUM PROVIDER	PROVIDER #	DATES WORKED:

FACILITY NAME:

TYPE OF PAYMENT:	KILOMETERS:	RATE	AMOUNT
LOCUM MILEAGE	0.0	$0.5770	$0.00
		TOTAL:	$0.00

TRAVEL DETAILS:			
DATE	FROM	TO	KILOMETERS
		TOTAL:	0.0

By signing this document, I am certifying that all information provided is true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program.

SIGNATURE OF CLAIMANT:	DATE:
SITE LEAD/AUTHORIZED PERSONNEL NAME (PLEASE PRINT):	CONTACT PHONE NUMBER:
SIGNATURE OF SITE LEAD/AUTHORIZED PERSONNEL:	DATE:

Rates effective for dates of service 01Apr23-31Mar24

*Rates and funding for the ED Mileage Claim Program are subject to change as required.