



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

MSI USE ONLY:	
RECEIVED:	
ENTERED:	
PAYMENT DATE:	

Via email to: Locumprogram@medavie.ca

LOCUM PROVIDER		PROVIDER/GROUP #		DATES WORKED:		
FACILITY NAME:						
TYPE OF PAYMENT:		DAYS/HOURS/KM	X	RATE	=	AMOUNT:
LOCUM DAILY RATE GP*						
LOCUM DAILY RATE SP**						
LOCUM PER DIEM						
LOCUM MILEAGE						
LOCUM DRIVE TIME						
LOCUM ACCOMODATIONS (Receipt Required)						
LOCUM FLIGHT COST (Receipt Required)						
LOCUM CPSNS LICENSING FEE (Receipt Required)						
OTHER						
*GP = General Practitioner Rate; **SP = Specialist Rate					TOTAL:	

***See guidelines for details

Rates effective for dates of service July 24, 2023[illegible]

		TOTAL:	
SIGNATURE OF CLAIMANT:		DATE:	

X		
HOST PROVIDER/GROUP NAME:	PROVIDER/GROUP #	DATES WORKED:

FACILITY NAME:

OTHER SERVICES PROVIDED ON DATES WORKED:

All services eligible for additional compensation provided on the same day as receiving a locum daily rate (either half day or full day) must be identified here. *Additional space is available on page 2 if needed.*

Office Practice [dates] _____
Inpatient [dates] _____
Primary Maternity Care [dates] _____
Nursing Home [dates] _____
Emergency Dept [dates] _____
Other (specify)[dates] _____

MSI USE ONLY				
TYPE OF PAYMENT:	DAYS	X	RATE	= AMOUNT:
LOCUM OVERHEAD				
			TOTAL:	

TOTAL:	
PAYMENT AUTHORIZED BY:	DATE:

ADDITIONAL INFORMATION:

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