



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



PROVINCIAL LOCUM PROGRAM
Application for GP Locum
Effective January 1, 2015

LOCUM PHYSICIAN INFORMATION

Physician Name	CPSNS Reg #	MSI Provider #
Mailing Address		
Practice Address (if different from mailing address)		
Daytime Phone Number	Fax Number	
E-mail Address		
Preferred Payment Option	<input type="checkbox"/> Guaranteed Daily Rate <input type="checkbox"/> Fee for Service	

HOST PHYSICIAN INFORMATION

Physician Name	MSI Provider #
Practice Address	
Daytime Phone Number	Fax Number
E-mail Address	
Overhead payee if different from above	

LOCUM SERVICES

Dates	
<input type="checkbox"/> Office Practice <input type="checkbox"/> Emergency Department Coverage Schedule: _____	

BILLING INFORMATION

Who will be submitting the claims?	Submitter ID
E-mail Address	Phone Number
Has this Locum Physician previously provided services for this Host Physician and/or Clinic, under the Locum Contract Program? No <input type="checkbox"/> Yes <input type="checkbox"/>	

Host Physician Signature (required if office practice selected)

Date

Host DHA Chief of Staff Signature (required if Emerg Dept only selected)

Date

Signed Application forms to be submitted to the attention of MSI, as follows:
Fax: (902) 496-3060 (toll free: 1-855-350-3060) or Email: Locumprogram@medavie.ca

MSI Internal Use Only:

Approved		Date	
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