

# PHYSICIAN'S BULLETIN

February 16, 2017: Vol. LII, ISSUE 2



---

## ELIGIBLE MASTER AGREEMENT PAYMENTS

### Canadian Medical Protective Association (“CMPA”) Assistance Payment and Other Eligible Master Agreement Related Payments

Canadian Medical Protective Association (“CMPA”) Assistance Payment and other eligible Master Agreement related payments

The 2015-2019 Physician Master Agreement provides funding for reimbursement of eligible physician fees paid to The Canadian Medical Protective Association. As of September 9, 2016, the Department of Health and Wellness (through MSI) will provide compensation directly to all eligible physicians. This is a new process, as in the past, reimbursement was provided from Doctors Nova Scotia. All physicians registered with MSI will be receiving a package in the mail to coordinate this process.

To ensure receipt of eligible reimbursement, all physicians are required to complete and submit the attached business arrangement form no later than March 17, 2017. This new business arrangement will be used to process your CMPA payments as well as all other contractual incentive payments under the current Master Agreement. This new process, including the submission of required information to MSI, will allow for a transition away from a cheque based payment to an electronic funds transfer in the near future. You will continue to receive any/all eligible incentive based payments by cheque while we transition to electronic funds transfer.

Should you have any questions, please contact the MSI Provider Coordinators at [msiproviders@medavie.bluecross.ca](mailto:msiproviders@medavie.bluecross.ca) or by telephone 902-496-7011 (toll free: 1-866-553-0585).



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



## MSI PROVIDER BUSINESS ARRANGEMENT (BA) FORM

(Please complete and return to MSI)

### PROVIDER INFORMATION

Service Provider Number (If known): _____	<b>MSI USE ONLY</b> LICENSE No: _____ (NEW PHYSICIAN)
Service Provider Name: _____	
Incorporated Name (If applicable): _____	
Email Address: _____	
Service Provider Address: _____	
Phone Number: _____ Fax Number: _____	
<p><b>Please indicate which of the following applies:</b></p> <p><input type="checkbox"/> 1. **New / Additional Business Arrangement - Same Bank Account</p> <p><input type="checkbox"/> 2. *New Bank Account / New Business Arrangement</p>	

### BANKING INFORMATION

**\* ONLY BANKING FROM CANADIAN INSTITUTIONS WILL BE ACCEPTED**

**\* A LINE OF CREDIT ACCOUNT WILL NOT BE ACCEPTED**

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### BANK ACCOUNT INFORMATION

Bank Number: \_\_\_\_\_ Branch: \_\_\_\_\_ Account: \_\_\_\_\_

**\* PLEASE ENCLOSE A VOID CHEQUE (COPIES ACCEPTED)**

I/We hereby authorize Nova Scotia Medical Services Insurance to make deposits to my/our account at the financial institution described above. I/We will advise MSI of any changes in my/our account information.

Signature: \_\_\_\_\_ Please Print Name: \_\_\_\_\_