



**PROVINCIAL LOCUM PROGRAM
GP and SPECIALIST 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) Via email to: Locumprogram@medavie.ca
1-855-350-3060 (Toll Free)

LOCUM PROVIDER	PROVIDER/GROUP #	DATES WORKED:			
FACILITY NAME					
TYPE OF PAYMENT:					
LOCUM PER DIEM (requiring accomodation)	DAYS/KM/TRAVEL	X	RATE	=	AMOUNT:
LOCUM PER DIEM (not requiring accomodation)					
LOCUM MILEAGE					
LOCUM DAILY RATE GP*					
LOCUM DAILY RATE SP**					
LOCUM TRAVEL OUT OF PROVINCE***					
OTHER:					
TOTAL:					

*GP = General Practitioner Rate
**SP = Specialist Rate
***See guidelines for details

TRAVEL DETAILS:			
DATE	FROM	TO	KILOMETRES
TOTAL:			

SIGNATURE OF CLAIMANT: _____ **DATE:** _____

HOST PROVIDER/GROUP NAME: _____ **PROVIDER/GROUP #** _____ **DATES WORKED:** _____

FACILITY NAME: _____

MSI USE ONLY					
TYPE OF PAYMENT:	DAYS	X	RATE	=	AMOUNT:
LOCUM OVERHEAD			\$210.00		
TOTAL:					

PAYMENT AUTHORIZED BY: _____ **DATE:** _____

Rates effective for dates of service 01Apr20-31Mar21