

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			
Primary Remuneration	<input type="checkbox"/> Alternate Payment Plan (APP) <input type="checkbox"/> Fee for Service <input type="checkbox"/> Other _____		

LOCUM SERVICES	
Dates:	
All services for which the host physician is scheduled to provide on the locum dates must be identified here. Additional information can be added in the space provided below.	
<input type="checkbox"/> Office Practice <input type="checkbox"/> Inpatient Facility _____ Schedule: _____	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Emergency Department Coverage Facility _____ Schedule: _____
<input type="checkbox"/> Primary Maternity Care Facility _____ Schedule: _____	<input type="checkbox"/> Other _____ Facility _____ Schedule: _____

Additional Information:

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"/>			

“The Provincial Locum Program is intended to facilitate the medical care to patients of eligible physicians, through the provision of funded coverage when the physician is away from their respective practice, due to illness, vacation and/or continuing medical education. It is generally accepted that a physician, while being replaced by a locum, is not providing billable services elsewhere.”

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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