

**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)
 1-855-350-3060 (Toll Free)

Via email to: Locumprogram@medavie.ca

LOCUM PROVIDER	PROVIDER/GROUP #	DATES WORKED:			
FACILITY NAME:					
TYPE OF PAYMENT:	DAYS/HOURS/KM	X	RATE	=	AMOUNT:
LOCUM PER DIEM (requiring accommodation)					
LOCUM PER DIEM (not requiring accommodation)					
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

Rates effective for dates of service 01Apr23 - 31Mar24

TRAVEL DETAILS:			
DATE	FROM	TO	KILOMETRES
			TOTAL:

SIGNATURE OF CLAIMANT: X	DATE:
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 stipend (either half day or full day) must be identified here. Additional space is available on page 2 if needed.	
<input type="checkbox"/> Office Practice [dates] _____	<input type="checkbox"/> Nursing Home [dates] _____
<input type="checkbox"/> Inpatient [dates] _____	<input type="checkbox"/> Emergency Dept [dates] _____
<input type="checkbox"/> Primary Maternity Care [dates] _____	<input type="checkbox"/> Other (specify) _____ [dates] _____

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

PAYMENT AUTHORIZED BY:	DATE:
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ADDITIONAL INFORMATION: