



**PROVINCIAL LOCUM PROGRAM
PSYCHIATRIST 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:	DAYS/HOURS/KM	X	RATE	= AMOUNT:
LOCUM PER DIEM (requiring accommodation)				
LOCUM PER DIEM (not requiring accommodation)				
LOCUM MILEAGE				
LOCUM TRAVEL OUT OF PROVINCE*				
OTHER:				
				TOTAL:

*See guidelines for details

TRAVEL DETAILS:			
DATE	FROM	TO	KILOMETRES
TOTAL:			
HOST PROVIDER/GROUP NAME:	PROVIDER/GROUP #	DATES WORKED:	
FACILITY NAME:			
SIGNATURE OF CLAIMANT:		DATE:	
PAYMENT AUTHORIZED BY:		DATE:	

Note: Psychiatrists are paid per diem and mileage directly through the Provincial Locum Program. Psychiatry rates are paid through District Psychiatry Contracts. All billings should be submitted directly to MSI, or as directed by the DHA.