

LOCUM PROGRAM
Application for GP Locum
Effective July 24, 2023

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	Contract Payment Fee for Service 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 Zone 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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