

LOCUM PROGRAM
Application for Specialist 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	Guaranteed Daily Rate		Fee for Service	

HOST DHA INFORMATION				
ZONE				
Hospital/specialty service				
Physician being covered				MSI Provider #
Vacancy information	Vacancy	Vacancy Under Recruitment by NSH		
Daytime Phone Number		Fax Number		
E-mail Address				

LOCUM SERVICES	
Dates	
Office Practice	Call Schedule: _____
Other (please detail):	_____

BILLING INFORMATION			
Who will be submitting the claims?		Submitter ID	
Email Address		Phone Number	
Has this Locum Physician previously provided services for this Host Physician and/or Clinic, under the Locum Contract Program?			
No Yes			

Zone DHA Chief of Staff Signature _____

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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