

**LOCUM PROGRAM**  
**Application for Specialist Locum**

Effective July 24, 2023

| LOCUM PHYSICIAN INFORMATION                          |                       |                |                 |                   |
|------------------------------------------------------|-----------------------|----------------|-----------------|-------------------|
| Physician Name                                       |                       | CPSNS<br>Reg # |                 | MSI<br>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<br>Provider # |
| Vacancy information        | Vacancy | Vacancy Under Recruitment by NSH |  |                   |
| Daytime Phone Number       |         | Fax Number                       |  |                   |
| E-mail Address             |         |                                  |  |                   |

| LOCUM SERVICES         |                         |
|------------------------|-------------------------|
| Dates                  |                         |
| Office Practice        | Call<br>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 Department Head or Zone Medical Executive Director 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](mailto:Locumprogram@medavie.ca)

MSI Internal Use Only:

|          |  |      |  |
|----------|--|------|--|
| Approved |  | Date |  |
|----------|--|------|--|