



MSI USE ONLY:

## General Practitioner, Specialist & Psychiatrist Claim Form

Γ

ATTN:			RECEIVED:		
Locum Program	1		ENTERED:		
PO Box 500			PAYMENT DATE:		
Halifax, NS B3J	2S1				
Tel: (902) 496-71					
Via fax to:	(902) 496-3060 (Local)	Via email to: Locum	orogram@medavie	e ca	
	1-855-350-3060 (Toll Free)		ologiamemodavie		
LOCUM PROVIDE		PROVIDER/GROUP #	DA	TES WORKE	D:
FACILITY NAME:					
TYPE OF PAYMEN	JT.	DAYS/HOURS/KM	X RATE	=	AMOUNT:
LOCUM DAILY RATE GP*		DATS/TOOKS/KM		-	AMOUNT.
LOCUM DAILY RA					
LOCUM PER DIEM	Λ				
LOCUM MILEAGE					
LOCUM DRIVE TH					
LOCUM ACCOMMODATIONS (Receipt Required)					
	OST (Receipt Required)				
OTHER	ICENSING FEE (Receipt Required)				
-	actitioner Rate; **SP = Specialist Rate			TOTAL:	
***See guidelines for details Rates effective for dates of service April 1, 2025 to March 31, 2026					
TRAVEL DETAILS				<u> </u>	
	-				
DATE	FROM	то	ŀ	KILOMETRES	6
<b>.</b>		TOTAL			
SIGNATURE OF C	ent is subject to receipt of shadow billin	g. TOTAL:	DATE:		
X					
HOST PROVIDER/GROUP NAME:		PROVIDER/GROUP #	DA	TES WORKE	D:
FACILITY NAME:					
	S PROVIDED ON DATES WORKED:				
	for additional compensation provided on the	same day as receiving a locur	a daily rata (aithar ba	lf day or full d	av) must be
	ditional space is available on page 2 if needed		Tually fale (either fia	ii uay or fuir u	ay) must be
Office Practice [dates] Nursing Home [dates]					
			pt [dates]		
Primary Maternity Care [dates] Other (specify)[dates]					
	· · · · · · · · · · · · · · · · · · ·				
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TYPE OF PAYMEN		DAYS	X RATE	=	AMOUNT:
LOCUM OVERHEA	AD				
PAYMENT AUTHORIZED BY:				TOTAL:	
PAYMENTAUTHO			DATE:		

ADDITIONAL INFORMATION: