

CMPA Fees Reimbursement - Postgraduate Resident

Surname:	Given Name & Initials:
MSI Provider Number:	Submission Date:

Please complete and submit this form to MSI with supporting receipts to be reimbursed for your CMPA fees. Receipts can be submitted twice per year. Your submission needs to be received by the cut-off date noted below to ensure you are paid on the associated payment date.

CUT-OFF DATE	PAYMENT DATE
Feb 11/26	Mar 4/26
Jul 29/26	Aug 19/26

For each month that you paid CMPA fees, please indicate in the table below the amount to be reimbursed and confirm that a receipt is attached.

	REIMBURSEMENT AMOUNT (\$XXXX.XX)	RECEIPT ATTACHED (X)
2026		
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL		

Forward submission by mail, email, or fax:

Mailing Address: MSI, PO Box 500, Halifax, NS B3J 2S1

Fax: 902-490-2275

Email: msi_assessment@medavie.ca