NOVA SCOTIA MEDICAL SERVICES INSURANCE
P.O. BOX 500 HALIFAX, N.S. B3J 2S1

NOVA SCOTIA

Travel Expense Program
Claim Form

MSI USE ONLY:
RECEIVED:
ENTERED:
PAYMENT DATE:

ATTN:
Locum Program
PO Box 500
Halifax, NS B3J 2S1 Tel: (902) 496-7104

Via fax to: (902) 496-3060 (Local)
1-855-350-3060 (Toll Free)

Via email to: Locumprogram@medavie.ca

PROVIDER NAME	PROVIDER #	DATES WORKED:		
FACILITY NAME:				
TYPE OF PAYMENT:	**DAYS/HOURS/KM**	**X**	**RATE**	**=** **AMOUNT:**
PER DIEM			$100.00	$0.00
MILEAGE			$0.5890	$0.00
DRIVE TIME			$100.00	$0.00
ACCOMMODATIONS (Receipt Required)			$1.00	$0.00
OTHER			$1.00	$0.00
Rates effective for dates of service April 1, 2026 to March 31, 2027			Total	$0.00

*****See guidelines for details**

TRAVEL DETAILS:			
DATE	**FROM**	**TO**	**KILOMETRES**
		Total Kms	0.0

SIGNATURE OF CLAIMANT:	DATE:
X	

MSI USE ONLY

PAYMENT AUTHORIZED BY:	DATE:

ADDITIONAL INFORMATION: