

**Health and Wellness**

**PROVINCIAL LOCUM PROGRAM  
PSYCHIATRY CLAIM FORM**

<b>Locum Physician</b>	
Name:	_____
<b>Psychiatrist being covered:</b>	
Name:	_____
Practice Location:	_____
Date starting:	_____
Date ending:	_____

**Locum Coverage**

Number of days practice covered: \_\_\_\_\_ Days

**Per Diem**

Number of approved days eligible for "living" per diem: \_\_\_\_\_ Days

**Mileage**

Number of kilometers for approved mileage: \_\_\_\_\_ Kms  
(See Reverse)

_____	_____
Signature of Claimant	Date

## Details of Travel

Date	From	To	km's

Total km's

## LOCUM RATES

Effective July 1, 2010

(see Locum Guidelines for additional detail)

<http://www.healthteamnovascotia.ca/physicians/locumservices.html>

Per Diem:                   \$ 150/day  
Mileage                     \$ 0.4015/km

Note: Psychiatrists are paid per diem and mileage directly through the Provincial Locum Program. Psychiatry rates are paid through District Psychiatry Contracts. All billings should be submitted directly to MSI, or as directed by the DHA.