



Provincial Locum Recruitment Program - Private Practice

Overhead Stipend Expense Form

Locum Physician Information					
Physician Name		Vendor #		Provider #	
Mailing Address					
Practice Address (if different from mailing address)					
Daytime Phone Number		Fax Number			
E-mail Address					

Host Physician Information					
Physician Name		Vendor #		Provider #	
Practice Name					
Practice Address					
Daytime Phone Number		Fax Number			
E-mail Address					

Locum Dates	
FROM	TO
(DD/MM/YYYY)	(DD/MM/YYYY)

Type of Payment	Amount
Overhead stipend of \$210/host physician/day for a maximum of 10 days per fiscal year (payable to the host practice, who will defray the overhead amount charged to the locum by \$210 per day)*	\$

*This stipend will not be available to physicians that are part of Blended Capitation, as a similar incentive is offered under that program.

Additional information:

DECLARATION BY APPLICANT

I certify that all information given on this application is complete and true to the best of my knowledge.

Applicant Signature:

Date:

COMPLETED APPLICATIONS CAN BE RETURNED VIA MAIL OR EMAIL TO:

Medical Services Division
Department of Health and Community Services
1st Floor, West Block, Confederation Building
P.O. Box 8700, St. John's, NL A1B 4J6
MedServicesPrograms@gov.nl.ca