



## **NSHA Physician Rent/Overhead Waiver Application Form**

**This program is only applicable to those physician currently who rent space from the NSHA.**

### **Contact Details**

Physician Name:

Physician Email:

Physician Phone:

### **Rent/Overhead Details**

Location of office/clinic:

Monthly rent payment:

### **Eligibility Criteria**

1. I am primarily a FFS physician (i.e. greater than 50% of my billings are generated via FFS):
2. I am experiencing a decrease in MSI revenue as a result of COVID-19:
3. I have applied to participate with the DHW/DNS income stabilization program:
4. I have applied to government to participate in any other income or rent assistant programs:

### **Physician Declaration**

I hereby verify the information noted above is correct and I am requesting that the NSHA waive my rent/overhead payment for the month of May 2020.

Physician Signature:

Date:

### **Program Notes:**

All approvals are subject to NSHA verification of MSI billing claims for applicants.

**Please submit all completed applications to**  
**physiciancontracts@nshealth.ca**