

Out-of-Country Claim Form

Ministry of Health, Medical Services Branch
1st Floor, 3475 Albert Street, Regina, SK, S4S 6X6

IMPORTANT: This form must be completed and signed by the patient or their legal guardian. Please read Section E for claim instructions.

SECTION A – PATIENT INFORMATION			
Patient Last Name		Patient First Name(s)	Health Services Number (HSN)
Birthdate DD MM YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone Number	Alternate Phone Number
Mailing Address		City/Town	Postal Code Province
Temporary Mailing Address (if different from above)		City/Town	Postal Code Province
SECTION B – TO MAKE A CLAIM FOR A PHYSICIAN FEE (complete this section)			
Reason for Seeking Medical Attention (Diagnosis)			
Treatment / Procedure			Duration of Anesthesia ____ Hours ____ Minutes
Diagnostic / Laboratory Tests			
PHYSICIAN INFORMATION (if more than 2 physicians, attach additional page)			
1.	Physician Name and Specialty		Country and Currency
	Were You Referred by Another Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Paid the Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Referring Physician Full Name	
Date of Visit DD MM YYYY	Type of Visit <input type="checkbox"/> OFFICE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER:	Time of Visit <input type="checkbox"/> 8:00 AM – 6:00 PM <input type="checkbox"/> 6:00 PM – 11:00 PM <input type="checkbox"/> 11:00 PM – 8:00 AM	Amount Paid (Enclose Proof of Payment) \$
2.	Physicians Name and Specialty		Country and Currency
	Were You Referred by Another Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Paid the Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Referring Physician Full Name	
Date of Visit DD MM YYYY	Type of Visit <input type="checkbox"/> OFFICE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER:	Time of Visit <input type="checkbox"/> 8:00 AM – 6:00 PM <input type="checkbox"/> 6:00 PM – 11:00 PM <input type="checkbox"/> 11:00 PM – 8:00 AM	Amount Paid (Enclose Proof of Payment) \$
SECTION C- TO MAKE A CLAIM FOR IN PATIENT HOSPITAL CHARGES (complete this section)			
Admitting Diagnosis (nature of illness) And Treatment Provided During Hospitalization			
Name of Hospital			
Hospital Mailing Address			
Is the application for: <input type="checkbox"/> Inpatient Services (Admitted to Hospital) <input type="checkbox"/> Outpatient Services (No Admission, Emergency Room Treatment)			
Date of Admission DD MM YYYY	Date of Discharge DD MM YYYY	Date of Surgery DD MM YYYY	

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SECTION D- RELEASE OF INFORMATION

I, the patient named above, hereby authorize the Ministry of Health to obtain information necessary for the processing of my claim from the hospital and/or physician who provided care. I certify that I am the person entitled to receive benefits and that all statements made by me are true and correct.

DD MM YYYY

Signature of Patient / Legal Guardian

Date Signed

SECTION E- GENERAL INFORMATION

CLAIM INSTRUCTIONS

Attach original receipts and billing invoices to your claim form. Keep copies of your bills and receipts for your records.

[How to Submit a Medical Claim PDF](#)

SEND YOUR CLAIM TO:

MEDICAL SERVICES BRANCH – CLAIMS ANALYSIS UNIT
SASKATCHEWAN MINISTRY OF HEALTH
3475 ALBERT STREET, REGINA, SK S4S 6X6

FOR ASSISTANCE, CONTACT:

Phone: 306-787-3475 Ext. 2 (Regina), 1-800-667-7523 (Toll-free SK)
Ministry of Health Website: www.saskatchewan.ca

EMERGENCY OUT-OF-COUNTRY MEDICAL TREATMENT

When an eligible Saskatchewan resident is temporarily absent from the province and must use emergency medical services in another country, the provincial coverage is limited.

Emergency services are deemed to be services which are the result of any unforeseen or unanticipated medical situation, which necessitates urgent medical care. The Ministry of Health provides limited reimbursement for these services and payment of any remaining charges are the responsibility of the patient.

Hospital services are reimbursed at:

- Up to \$100 CAD per day for inpatient services, and,
- Up to \$50 CAD for an outpatient hospital visit (maximum two visits in one day).

Physician services are reimbursed at the equivalent Saskatchewan rate in Canadian dollars based on what is paid to a physician of the same specialty within Saskatchewan. Any difference in fees is the beneficiary's responsibility.

NON-EMERGENCY (OR ELECTIVE) OUT-OF-COUNTRY MEDICAL TREATMENT

Non-emergency or elective medical services are deemed to be pre-arranged health services that are not the result of an unforeseen or unanticipated medical situation. As outlined in Saskatchewan legislation, coverage for elective medical services outside Canada must be approved by the Ministry of Health **BEFORE** services are obtained.

PROVINCIAL COVERAGE IS NOT PROVIDED FOR:

- Services not deemed to be medically required, i.e., cosmetic surgery.
- Physician assistant
- Routine eye examinations for persons 18 to 64 years of age.
- Registered nurse/nurse practitioner
- Eyeglasses, hearing aids, and other equipment or appliances
- Routine dental office services
- Annual or routine examinations where there is no medical need
- Health spas and similar facilities
- Medical care at the request of a third party
- Supplies and materials
- Meals, transportation, and accommodation expenses
- Prosthesis and appliances
- Medical examinations, certificates or tests required for:
 - Driving a motor vehicle
 - Employment
 - Home care services
 - Immigration purposes
 - Recreational / sporting activities
 - Life insurance

PROVINCIAL COVERAGE IS NOT PROVIDED OUTSIDE CANADA FOR:

- Ambulance services
- Prescription drugs