

# Out-of-Province Medical 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 F 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 – PAYMENT INFORMATION				
Payment should be made to: <input type="checkbox"/> Patient <input type="checkbox"/> Physician <input type="checkbox"/> Third Party-Specify: _____				
Mailing Address		City/Town	Postal Code	Province
SECTION C - PHYSICIAN INFORMATION				
Physician Name		Specialty		
Mailing Address		City/Town	Postal Code	Province
Were You Referred by Another Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, referring Physicians full name and speciality		
Service Provided In: <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Hospital In-patient <input type="checkbox"/> Hospital Out-patient				
If service was provided by anesthetist, surgical assistant, or psychiatrist provide duration of service: Hours: _____ Minutes: _____				
<b>IF HOSPITAL SERVICES:</b> Name of Hospital				
Hospital Mailing Address		City/Town	Postal Code	Province
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
SECTION D- TREATMENT INFORMATION (if more than two services, attach additional page)				
Procedure/Treatment	Fee Code	\$ Fee	Date of Service DD MM YYYY	Have You Paid the Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure/Treatment	Fee Code	\$ Fee	Date of Service DD MM YYYY	Amount Paid (enclose proof of payment) \$
Diagnosis and other remarks:				
Claim Involves: <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Pensionable Disability <input type="checkbox"/> Automobile Accident <input type="checkbox"/> Other Third Party <input type="checkbox"/> Not Applicable				

**SECTION E- 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.

Signature of patient/ Legal Guardian

Date Signed

DD MM YYYY

**PLEASE ATTACH ORIGINAL DOCUMENTATION**

**SECTION F- GENERAL INFORMATION**

**Claim Instructions:**

**Attach original receipts and billing invoices to your claim. 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:**

In Regina, call 306-787-3475 Ext.2 Toll-Free SK: 1-800-667-7523  
Or visit [www.saskatchewan.ca](http://www.saskatchewan.ca)

**Provincial Coverage Overview**

The costs of travel, accommodation, and meals to access medical services are not insured under Saskatchewan’s health system.

Before leaving the province, confirm that your health card is valid by contacting **eHealth Saskatchewan**:

**Toll Free: 1-800-667-7551 (Canada or US)**

**Phone: 306-787-3251 (Regina)**

<https://www.ehealthsask.ca/residents/health-cards>

Most medically necessary **physician and hospital** services are billed between provinces through a reciprocal billing arrangement when provided within the **publicly funded** healthcare system. To confirm if the cost associated with the services received in another province are eligible for reciprocal billing you must contact the office of the service provider in the host province to determine if they will reciprocally bill Saskatchewan Ministry of Health.

If you are required to make payment for the services received in another province you must complete this form and provide it to the Saskatchewan Ministry of Health to determine if you are eligible for reimbursement.

There are some services the Saskatchewan Ministry of Health covers that are excluded from this arrangement and may require **prior approval BEFORE the service(s) is received.**

**Prior Approval Coverage**

In certain circumstances and for specific conditions a **Saskatchewan specialist physician**, in the same field of practice as the required service, may be required to submit a **written prior approval request to the Ministry of Health.**

The written request must describe the circumstances of the case, including why the service(s) are medically required, why it must be obtained outside of the province, and clearly describe the service(s) being requested. The written request must also state whether the service(s) are available in Saskatchewan.

The decision regarding cost coverage is provided in writing from the Ministry of Health to the requesting specialist. It is the **responsibility of the specialist physician** to follow up with the patient regarding the outcome of the request and to discuss the patient’s plan for ongoing care.

**PROVINCIAL COVERAGE IS NOT PROVIDED FOR:**

- Services not deemed to be medically required, i.e., cosmetic surgery.
- Physician assistant
- Routine eye examinations for personal 19 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