

Routine Audit Request for Information and Response Form

Policy, Governance and Audit
Medical Services Branch
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This form is used to submit information to Policy, Governance and Audit as part of a routine audit of services for all explanatory codes in the R Section (Routine Audit and Recovery).

Patient Last Name, First Name						Health Services Number (HSN)				Claim Number		
D.	ate of Servi	re	Service Code(s)		Explan Code		Run code	Clinic N	umher	Doctor Number		
Day Month Year		Scrvice code(3)		Explair Code		Null Code	Cimic IV	MIIDEI	Doctor Number			
Day	WIGHT	Tear	1									
Doctor Na	me		Phone Nu		ımber Fax		(Number	Email (op	tional)			
Doctor Name				Filone Number		rax Nullibel		Liliali (Op	tional			
Requested information attached:												
Fourthern extract (15 many time d)												
Explanation (if required):												
Date		Signature										
21. 0				п.,								
Policy, Governance and Audit Reply: No cha					iange to o	original a	ssessment					
Adiuste					ted as fol	lows:						
						 .						
Date Signature												
24.0			J.B. ratar									