Health Services Review Committee Request for Review Application

All information requested must be provided to fulfill the requirements of a complete application. If an application is incomplete, it will not be forwarded to the Health Services Review Committee and a representative will contact you to request the missing information.

Section A - Applicant Information

Note: It is the applicant's responsibility to ensure all requested and relevant information is submitted to the Committee.

Last Name (in full)		First Name (in full)		Middle Name (in full)
Address		City	Province / Territory	Postal Code
Home Phone	Business / Daytime Phone	Health Services Number		Date of Birth (yyyy/mm/dd)

Section B – Notice of Review

I hereby provide notice of my request for review by the Health Services Review Committee regarding the following coverage decision made by Saskatchewan Health.

Decision I wish to have reviewed:

Please provide a detailed chronology of your health concerns, a copy of the Ministry of Health's written decision, and the treatments you have received. Applicants have **90 days** from the date of the Ministry of Health's letter to request a review of the Ministry's decision. Any additional information provided with this application will be returned to Ministry officials for reconsideration of your coverage decision. If the Ministry's decision does not change, review of your application will be scheduled by the Health Services Review Committee. You will be notified within **30 days** of the scheduled date your application will be reviewed.

Section C – Declaration of Applicant

I certify that the information provided on this form is true and correct to the best of my knowledge.

_____ _____

Applicant's Signature Date (yyyy/mm/dd)

I authorize and consent to the use of my application, the original Ministry of Health decision and any related background information by the Health Services Review Committee to support the review of my application as it deems necessary to make a recommendation.

Note: In the event further information is sought by the Health Services Review Committee, the applicant will be given the opportunity to comment on any additional information directly related to his or her case to verify its accuracy.

Section D – Declaration of Representative (if applicable)

If this form is not signed by the applicant (the person who is requesting review, or in the case of a minor child, the parent or legal guardian), the person signing on behalf of the applicant must provide a copy of their authority to do so (see *Health Services Review Committee Representative Authorization Application*).

_____

Representative's Name

_____ _____

Representative's Signature Date (yyyy/mm/dd)

Section E - Submissions

Please mail this completed form to:

Health Services Review Committee
TC Douglas Building
3475 Albert Street
REGINA, SK S4S 6X6
Fax: (306) 787-3761
Email: HealthServices.ReviewCommittee@health.gov.sk.ca

If you require further information, please navigate to www.saskatchewan.ca > Live > Health and Healthy Living > Health Benefits and Prescription Drug Plans > Universal Benefits > Out of Province and Out of Canada Coverage. You may also contact the Health Services Review Committee at the above address or telephone (306) 787-1910.

Updated: 27/03/2015