

Medical Statement Request Application

Medical Statements are a list of insured services that have been paid on your behalf by the Ministry of Health. This includes the provider, location, date and type of service. It is not a medical record. Completion of this application allows Medical Services to request this information on your behalf. Medical Statement Reports will be sent to the address provided through letter mail only.

Ministry of Health, Medical Services Branch
3475 Albert Street Regina, SK S4S 6X6
Toll free: 1-800-667-7523 or 306-798-0013
FAX: 306-798-1124
prss@health.gov.sk.ca

Please complete an application for EACH PERSON requiring a medical statement.

Applicant Information (REQUIRED)			
Family Name		Given Name	
Date of Birth (DD-MON-YYYY)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Health Services Number (9 digit)
Mailing Address			City or Town
Province	Country		Postal Code (if in Canada)
Contact Phone Number (10-digit)	Contact Email		
Please select the statement that you require: <input type="checkbox"/> Physician Statement <input type="checkbox"/> Hospital Statement			
Section 1 – Time Frame Requested (REQUIRED)			
Start date (DD-MON-YYYY)		End date (DD-MON-YYYY)	
Section 2 – Representative of Applicant (if applicable)			
Name of Representative _____			
(PARENT / GUARDIAN / TRUSTEE / POWER OF ATTORNEY / EXECUTOR) Please Circle one.			
A - <input type="checkbox"/> - Children under 18 years of age - Parent MUST sign request / Guardian MUST sign request and MUST provide guardianship documentation			
B - <input type="checkbox"/> - Power of Attorney (POA) or Executor - complete copies of the POA or copy of Will or Letter of Administration documents MUST be attached			
C - <input type="checkbox"/> - Other (specify) _____			
Section 3 – Third Party Agency Release (if applicable)			
I hereby authorize the Ministry of Health to release my medical statement to a third party as indicated below:			
Name		Company	
Mailing Address			
Section 4 – Signature (REQUIRED)			
Signature of Applicant _____		Date _____	
Please circle one of the following APPLICANT / GUARDIAN / TRUSTEE / POWER OF ATTORNEY / EXECUTOR			
A witness is necessary if Applicant signs with an "X" or a mark.			

Please note: Requests dating prior to October 1, 1991 will have fees associated per fiscal year requested, which must be paid in advance to the Minister of Finance before the request will be considered.

MEDST - 04-14