



Métis Nation-Saskatchewan (MN-S)

Medical Travel Assistance Program Returning Citizens Intake Form



Hours of operation are 8:30 AM - 4:30 PM Monday to Friday

Email to: healthprograms@mns.work

Fax to: 306-249-4934

Mail to: #310 - 20th Street East, Saskatoon SK S7K 0A7

Please note, abuse of the program and/or staff harassment may result in refusal from the program.

First Name: _____ Middle Initial: _____ Last Name: _____

Citizenship number (yours or immediate family member):* _____

What will you be using the Medical Travel Assistance Pilot Program for?*

Primary care appointment (e.g., vision, dental, family doctor)

Cancer appointments

Non-primary care appointment (e.g., referral, specialist, prenatal)

Dialysis appointments

For your medical travel, which will you be needing assistance for?* (Check all that apply).

Accommodations

Do you want MN-S to book your hotel? YES NO

If yes, what dates do you need a hotel for? _____

Where is your appointment located?: _____

Gas/Parking

Healthy Food Allowance

Please attach documentation of your appointment with this form.

(ATTACH DOCUMENT ON BACK OF FORM OR WITH FORM)

NOTE: To receive reimbursement, you will also need to submit Confirmation of Attendance from your doctor after your appointment.

☐ I agree to the Hotel Liability Policy

I agree to abide by all hotel rules and regulations provided by the hotel set forth at the time of check in. I acknowledge that I may be liable for any incidental costs and damages I have caused or by any persons staying or visiting with me. Should any invoice following my stay be received by MN-S,

I acknowledge that I may be responsible for the charges incurred including incidentals (telephone, food, beverage, TV rentals, etc.) and other charges or damages, with the potential of limitations or suspension from future MN-S Medical Travel Assistance Program support.

I acknowledge that if I do not check in on the requested date without sufficient notice, I may also be responsible for the incurred no-show fee. MN-S must be notified with at least 48-hours' notice of cancellation to avoid a no-show fee.

By providing my consent, I acknowledge I will adhere to the responsibilities and requirements brought forward by MN-S Ministry of Health for hotel accommodations booked on my behalf.

