



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:* _____

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 (Must read & agree)

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.

