

- Treatment Guidelines/Declaration -

A. General Information:

- 1) Please complete this form and return it to:
Sport Medicine and Science Council of Saskatchewan
Attention: Manager of Sport Medicine Programs and Services
2205 Victoria Ave., Regina, SK S4P 0S4 Fax: 306.780.9416
- 2) Athletes must pay the service provider directly for the service they receive.
- 3) Attach the original bills and receipts for all expenses and itemize them by providing all the information requested. Receipts will not be returned, so keep a copy if necessary.
- 4) Include any required physician referrals or orders.
- 5) All athletes MUST first utilize other reimbursement options such as their own personal health plan or health plans of parents/guardians, spouse, etc. that they are eligible to receive benefits from. The MSTP is to be utilized only when other options are not available or the athlete has maximized the available benefit limits of other eligible plans. Documentation from other plans must be submitted to verify that maximized limits have been reached in order to receive funding from the MSTP.
- 6) Reimbursements will be paid out four times per year. **The deadline for submissions are: March 15, June 15, September 15, December 15.** Late submissions will be carried over to the next submission deadline.
- 7) For more information or if you have any questions regarding your claim, contact Scott Julé, s.jule@sasktel.net, toll free 1.888.350.5558 ext. #2.

B. Privacy

The Sport Medicine and Science Council of Saskatchewan (SMSCS) and the Canadian Sport Centre Saskatchewan (CSCS) respects your privacy. Your personal information will be used only for the purposes of assessing your claim and administering this program.

C. Eligible Services:

- 1) Initial Injury Assessment
- 2) Physical Therapy
- 3) Athletic Therapy
- 4) Massage Therapy
- 5) Chiropractic Services
- 6) Acupuncture
- 7) Orthotics (with an M.D. order)
- 8) Sport Bracing (with an M.D. order)
- 9) Special Circumstances – In rare situations, other services may be considered.

D. (NEW) Eligible Providers:

- 1) The SMSCS and its professional members/consultants are the providers of service that athletes are EXPECTED to utilize. These individuals are the sport experts within their professional medical designations. A complete listing of these service providers is available at the SMSCS's website at www.smscs.ca.
- 2) It should be noted that the SMSCS does not have a specific listing of service providers for 6) Acupuncture, 7) Orthotics, and 8) Sport Bracing.
- 3) In the event that the individuals listed on the SMSCS's website are not available or there is no one located in the athlete's area, then other registered professionals may be accepted.

E. Declaration:

- 1) I declare the statements made herein are true and complete.
- 2) I warrant that I have made this application for reimbursement knowing that I am not eligible to claim these expenses through any other health or benefits plan.
- 3) I understand that any misrepresentation, incorrect or concealed information or failure to fully complete all sections of this form may void my eligibility to receive reimbursement.
- 4) I release the SMSCS, CSCS, and the health care provider(s) from legal action resulting from advice and treatment given to the athlete and I hereby release the SMSCS, the CSCS, and the health care provider(s) from all liability and agree not to institute legal action with regard to that advice and treatment.
- 5) I declare that, if I am signing on behalf of any person(s), I have the authority to sign on behalf of such person(s) listed herein and confirm that each of the above declarations and authorization are also provided in behalf of that person(s).

Signature of athlete

Date (DD/MM/YYYY)

Signature of parent/guardian if athlete is under 18 years of age

Date (DD/MM/YYYY)



See reverse...





Medical Services/Treatment Program (MSTP) - CSCS Medical Treatment Reimbursement Form -



PLEASE COMPLETE AND RETURN THIS FORM TO: SMSCS, MANAGER OF SPORT MEDICINE PROGRAMS AND SERVICES, 2205 VICTORIA AVENUE, REGINA, SK S4P 0S4

A. Personal Information

First Name		Last Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth (DD/MM/YY)	
Address			City/Town		Province		Postal Code
Phone ()		Email			Fax		
Provincial Health Services Card No.		Athlete Level			Sport		
		Provincial/Regional <input type="checkbox"/>	Canadian Development <input type="checkbox"/>	Canadian Elite/Podium <input type="checkbox"/>			

B. Reimbursement (List each service individually) (Attach all receipts)

Type of Service/Expense	Service Provider <small>(Note specific therapist/medical provider)</small>	Date of Service	Total Amount of Claim
		Total	

C. Yearly Financial Reimbursement Levels

Service Area	% Eligible	Provincial/Regional	Canadian Development	Canadian Elite/Podium
1. Massage, Acupuncture, Physical Therapy, Athletic Therapy	100%	Combined max. of \$750/year	Combined max. of \$1500/year	Combined max. of \$2000/year
2. Chiropractic	100%	Max. of \$210/year	Max. \$450/year	Max. \$600/year
3. Sport Bracing (M.D. Approval)	Call for Details	TBD	TBD	TBD
4. Orthotics (Custom made) (M.D. Approval)	100%	One pair/year	One pair/year	One pair/year

See reverse...