



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



PLEASE COMPLETE AND RETURN THIS FORM TO: SMSCS, C/O CSCS MEDICAL SERVICES/TREATMENT PROGRAM, 510 CYNTHIA STREET, SASKATOON, SK S7L 7K7

## A. Personal Information

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

## C. Yearly Financial Reimbursement Levels

Service Area	% Eligible	Canadian Development	Canadian Elite - D or C Card	Canadian Elite - SR Card or 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...

## - Treatment Guidelines/Declaration -

### A. General Information:

- 1) Please complete this form and return it to:  
**SMSCS, C/O CSCS Medical Services/Treatment Program**  
**510 Cynthia Street, Saskatoon, SK S7L 7K7**  
**Fax 306.975.0891**
- 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 on a monthly basis. **The deadline for submissions is the 15<sup>th</sup> of each month.** 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 Travis Laycock  
[travis.laycock@sasktel.net](mailto:travis.laycock@sasktel.net) toll free 1.888.350.5558 ext #1

### 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](http://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...

