

Pediatric Out-of-Province Travel Assistance Program (PTAP)

Specialist Application

This form establishes the medical need for a child 16 years of age and younger to be referred outside the province to receive medical treatment which is not provided in Saskatchewan. The Pediatric Out-of-Province Travel Assistance Program (PTAP) will only consider applications when recommended by the Provincial Department Head of Pediatrics prior to submission to the Ministry of Health. Please note, submission of an application does not guarantee approval of travel assistance.

The Ministry of Health is not obligated to reimburse for travel to access out of province medical care that has not been approved through this application process. PTAP sets out the rules and guidelines for eligible travel, meal and accommodation expenses. These benefits are limited to children 16 years of age and younger who possess a valid SK health card.

Section A – Patient Information

When completing this section, the **Saskatchewan specialist's office** should verify that the patient's health number, address and phone number(s) are current and correct.

First Name	Last Name	DOB DD MM YYYY			Health Services Number
Parent/Legal Guardian First Name		Parent/Legal Guardian Last Name			
Home Mailing Address		City	Province SK	Postal Code	
Contact phone number	Email address (if known)				

Section B – Referring Saskatchewan Specialist **Please note: The specialist completing this form must be licensed in Saskatchewan.**

Please provide your name and a telephone number where you can be reached if there are questions.

Physician	Specialty	Phone
Fax	Email (optional)	

Section C – Out-of-Province (OOP) Hospital/Physician

Hospital/Facility Name	Specialty
Physician	City Province

Section D – Treatment

Clinical Diagnosis (if applicable)

Recommended medical treatment and/or procedure for which funding approval is requested:

Hospital Admission Date DD MM YYYY			Hospital Discharge Date (estimate) DD MM YYYY			Date of OOP Consultation/Treatment DD MM YYYY			# of nights accommodation
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Section E – Treatment Availability (This section confirms the need for the patient to be referred outside of Saskatchewan)

Is this medically required service/treatment an accepted standard of care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this medically required service/treatment available in Saskatchewan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section F – Declaration

As the referring physician, I declare that the information provided on the form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Once completed, please submit this form to Peds.TAP@saskhealthauthority.ca. **Please note** that if required medical services are deemed available within Saskatchewan, healthcare providers may still refer a patient out of province. However, in such cases, the patient will not be eligible for PTAP.

INTERNAL USE ONLY

TO BE COMPLETED BY PROVINCIAL HEAD OF PEDIATRICS

Provincial Head of Pediatrics Recommendation:

RECOMMENDATION:

☐ **Recommended**

☐ **Not Recommended**

Signature

Date

Forms signed by the Provincial Head of Pediatrics can be emailed to: TravelAssistanceProgram@health.gov.sk.ca

TO BE COMPLETED BY THE MINISTRY OF HEALTH

Ministry Medical Consultant Recommendation:

RECOMMENDATION:

☐ **Recommended**

☐ **Not Recommended**

Signature

Date

Director Insured Services:

☐ **Approved**

☐ **Denied**

Signature

Date