Physician Escort Form

Date: _____

Attn: _____

_____

Client Name: _____

PLEASE RETURN THIS TO THE MN–S HEALTH STAFF LISTED BELOW:

Name: _____

Organization: _____

Fax: _____

Métis Nation–Saskatchewan (MN–S) provides medical travel benefits to assist registered Métis citizens to access medically required health services that cannot be obtained in the community of residence. One of the benefits that may be considered for funding is the provision of **an escort.**

The MN–S Medical Travel Program may assist for non-medical escorts to travel with patients who are **unable to travel alone** for medical or legal reasons and **may be** approved upon receipt of a physician's verification identifying that the patient requires an escort. **The Program excludes compassionate travel (such as patient does not like to travel alone) or where the patient is under the care of the hospital or long-term care facility.**

One of the criteria under the Program is that patients requiring an escort have this form filled out and **signed by a physician to certify that the patient named above has a medical condition that requires an escort for the following reason(s):**

- ☐ The patient is unable to drive themselves to an appointment
- ☐ The patient is an Elder (60+).
- ☐ Translation or interpretation support is required.
- ☐ Cognitive barriers necessitate assistance during travel and appointments.

Description:

Physician's Name (Please print clearly)	Physician's Signature

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