For HEMOPHILIA SASK use only

Date:_______________________

Approved By:__________________

Declined By: ___________________

Comments: ____________________

# HEMOPHILIA SASKATCHEWAN

**Canadian Hemophilia Society**
213 - 2366 Avenue C North
Saskatoon, Saskatchewan
S7L 5X5
Tel.: 306-653-4366
Toll-free: 1-866-953-HEMO (4366)
E-mail: hemosask@hemophilia.ca

## REQUEST FOR SERVICE FORM:

Date of Application: ____________________Date Service Received:_____________________

Name: ________________________________________________________________________

Address: ________________________________________________Postal Code: ___________

Phone Number(s): ______________________________________________________________

**BACKGROUND OF APPLICANT NEEDS, AND PURPOSE OF REQUEST**: (*A brief letter may be attached to provide more details)*

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**REQUEST CHECKLIST**:

Amount of funding requested: $______________(Attach original receipts for reimbursement)

Have all other avenues been explored (private health insurance and/or employer benefits, such as Saskatchewan Blue Cross, etc.)? Yes No

If "YES", please provide details:

______________________________________________________________________________

______________________________________________________________________________

Are you a member of Hemophilia Saskatchewan* Yes No

*Applicant and/or family must be members of Hemophilia Saskatchewan to access services. If NO, fill out HSK membership form along with this application and submit both together.

Applicant (print): _______________________Signature of Applicant_____________________

Authorized by (print)**:___________________Authorizing Signature____________________

**Must be authorized by most responsible practitioner (i.e., attending physician/nurse or member of SBDP team). Signature confirms that treatment is directly related to bleeding disorder, or a surgical procedure that requires extended care due to the presence of a bleeding disorder.