Government of Saskatchewan

Routine Audit
Request for Information and Response Form

Policy, Governance and Audit
Medical Services Branch
3475 Albert Street
REGINA SK S4S 6X6
MSBPaymentsandAudit@health.gov.sk.ca
Fax: 306-787-3761

This form is used to submit information to Policy, Governance and Audit as part of a routine audit of services for all explanatory codes in the R Section (Routine Audit and Recovery).

Patient Last Name, First Name	Health Services Number (HSN)	Claim Number

Date of Service			Service Code(s)	Explan Code	Run code	Clinic Number	Doctor Number
Day	Month	Year					

Doctor Name	Phone Number	Fax Number	Email (optional)

Requested information attached: ☐

Explanation (if required):

Date	Signature

Policy, Governance and Audit Reply:

☐ No change to original assessment

☐ Adjusted as follows:

Date	Signature