



MCARE

Schedule "D"

Primary Level Authorization to Treat – Massage Therapy

To: Saskatchewan Workers' Compensation Board

From:

_____ (name of massage therapy clinic)

_____ (name of massage therapist)

_____ (address of massage therapy clinic)

Telephone: _____ Fax: _____

Re:

Client: _____ **Claim number:** _____

Employer: _____ **Area of injury:** _____

Date of injury: _____ **Provincial health number:** _____

This patient has been referred for massage therapy by licensed practitioner _____

(Please attach referral document)

(Name)

I am requesting authorization to provide _____ treatments. (Not to exceed 5 treatments)

WCB PERSONNEL: Please indicate your decisions regarding funding below:

WCB decision re: request for funding of treatment:

- Approved
- Denied
- Provisional authorization Treatment is being funded while adjudication occurs.
- Treatment is being funded pending receipt of referral document.

WCB decision re: funding for reports. The following report fee will be funded:

- Initial assessment
- Progress report (where an extension of the originally approved treatment is requested)
- Discharge summary
- No reports required by WCB at this time

Date	Case Manager	Telephone
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