



PATIENT INFORMATION

NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ PROV.: _____ POSTAL CODE: _____

TELEPHONE NO.: (Home) _____ (Work) _____ (Cell) _____

EMAIL ADDRESS: _____

DATE OF BIRTH: (Month) _____ (Day) _____ (Year) _____

MEDICAL NUMBER (PHN): _____ GENDER: Male _____ Female _____

CODE: PRIVATE: Plan _____ Policy # _____ ID # _____ MSP: # OF TREATMENTS THIS YEAR: _____

ICBC: _____ WCB: _____ RCMP: _____ (Reg. # _____) VET: _____ (K# _____)

AREA OF TREATMENT: _____

FAMILY DOCTOR: _____ SPECIALIST DOCTOR: _____

HOW DID YOU HEAR ABOUT US? _____

APPOINTMENT REMINDERS: PHONE CALL _____ EMAIL _____

ICBC :

ICBC CLAIM #	ADJUSTER:
DATE OF INJURY: (Month) _____ (Day) _____ (Year) _____	TIME: _____
DRIVER: (Yes) _____ (No) _____	AT FAULT: (Yes) _____ (No.) _____

WCB:

WCB CLAIM #	ADJUSTER
DATE OF INJURY: (Month) _____ (Day) _____ (Year) _____	TIME: _____
SIDE OF BODY: (L) _____ (R) _____ (L&R) _____	
NATURE OF INJURY: (SPRAIN/STRAIN) _____ (FRACTURE) _____ (TRAUMATIC) _____	
CAUSE OF INJURY: _____	
EMPLOYER: _____	OCCUPATION: _____
ADDRESS: _____	



FEE SCHEDULE

1. PREMIUM ASSISTANCE PATIENTS

People on **Premium Assistance** will be subsidized by Health Insurance BC (MSP) for **ten (10)** visits per year, regardless of age. This limit **includes physiotherapy, chiropractic, massage therapy and naturopathic treatments**. The clinic's fee for Premium Assistance clients is outlined below. If a patient uses their allotment of ten (10) visits and wishes to receive further treatments, our Private Fees will apply.

- Fees**
- \$35.00 Surcharge Fee for initial Physiotherapy treatment;
 - \$30.00 Surcharge Fee for subsequent Physiotherapy treatment;
 - \$10.00 Additional Surcharge Fee for extended treatment (extra areas or neuro patients).
 - \$57.00 Falls Prevention (8 sessions over 4 weeks)

MSP Authorization:

I, (Beneficiary) authorize the following practitioners: GRANT STORZUK, and/or SARAH LINDLEY-JONES and/or KYLA MATHIESON and/or NATALIE SAGLE and/or JOSH HAVEY and/or JANET BEDNARCZYK and/or TRISH STEVENS to bill the Medical Services Plan; and I hereby authorize the Medical Services Plan to pay the above named practitioners directly for all reimbursements of benefits payable to me under the Medical and Health Care Services Regulation for care provided to me by said practitioner.

2. NON-PREMIUM ASSISTANCE (PRIVATE) PATIENTS

The B.C. Medical Services Plan does not subsidize physiotherapy treatments for patients who are not on Premium Assistance.

- Fees**
- \$75.00 for Initial Clinic Treatment including paperwork treatment plan and Acupuncture
 - \$65.00 for Subsequent Clinic Treatment;
 - \$70.00 for 30 Minute Clinic Neuro Treatment; \$95 for 60 Minute Clinic Neuro Treatment
 - \$70.00 for Initial Chiropractic Clinic Treatment
 - \$50.00 for Subsequent Chiropractic Clinic Treatment
 - \$80.00 Aging With Balance Block (8 sessions over 4 weeks)

3. ICBC, WCB, AND VETERANS AFFAIRS PATIENTS

- Fees**
- ICBC - \$35.00 User Fee for all Clinic Treatments
 - WCB - Fees directly billed to work safe for approved claims;
 - DVA/ RCMP - Fees directly billed

Should ICBC, WCB, DVA & RCMP coverage was denied for any reason, the treatments will be billed to the Medical Services Plan for Premium Assistance clients and the \$30.00 Surcharge fee will apply, or if no MSP coverage is available the fees will be billed to the patient at our Private Fees.

4. MYOFASCIAL RELEASE (ROLFING)

- Fees**
- 60 Min - \$90.00
 - 90 Min- \$130.00

5. FEES/SERVICE CHARGES

ALL FEES ARE THE PATIENT'S RESPONSIBILITY AND ARE TO BE PAID AT THE TIME OF SERVICE unless prior arrangements have been made. If you have extended medical coverage we can bill them directly on your behalf if you plan allows on line submission. If your provider denies your claim you will be responsible for the fees. You can also choose to pay us directly and submit your receipts to your extended medical provider for reimbursement.

6. CANCELLATION / NO SHOW POLICY & FEES

Our goal is to provide quality physiotherapy services in a timely manner. In order to be respectful of these needs of the Osoyoos/South Okanagan communities please be courteous and call the clinic promptly if you are unable to attend an appointment. Please note that insurance companies will **NOT** pay for cancellation fees.

-FULL FEE OF SCHEDULED APPOINTMENT WILL BE INVOICED FOR ALL CANCELLATIONS LESS THAN 24 HOURS NOTICE/ NO SHOWS

7. CONSENT FOR TREATMENT

I, (Patient or Parent/Guardian) HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I HEREBY CONSENT OR GIVE MY CONSENT FOR THE NECESSARY EXAMINATION AND TREATMENT REQUIRED FOR MY (OR THEIR) CONDITION.

DATE: _____

SIGNATURE: _____