



Motor Vehicle Accident Patients

The "no fault" automobile insurance act in Ontario dictates the method of billing for physiotherapy. By law you are required to use your extended health benefits **prior** to billing your automobile insurance for physiotherapy services.

When you receive an invoice, please immediately submit it to your extended health benefits company. As soon as you receive payment from your extended health benefits company, please return this payment to the clinic. We will apply your extended health benefits payment to your account and then bill your automobile insurance company directly for any balance that is owing. *We require written notification with the payment from your extended health benefits of refusal of further payment before we are able to invoice your automobile insurance company directly.*

Please provide the following information:

Do you have extended health insurance? If yes, please indicate below your extended health insurance company's name and policy and ID number:

Please indicate the date of your accident:

Please indicate your car insurance company's name, address and policy number:

Please state your car insurance company's contact person and their phone number:

PERMISSION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

I hereby authorize my treating physiotherapist to disclose any requested medical information to my Insurance Company / Employer / Lawyer or their representative. I further authorize my physiotherapist to seek and acquire information relating to previous treatments and information for said injury. I also authorize my physiotherapist to disclose to any of the above listed groups and/or individuals any pre-existing health conditions that may be a barrier to my recovery. I understand that this information will be used to determine my eligibility for benefits.

I have read and agree to adhere to the terms above. I consent to be treated.

Patient's signature

Date

Witness