

Grand River

Physiotherapy

Workplace Safety Insurance Board Patients

Current legislation in Ontario states that a referral from a medical doctor is not required to receive physiotherapy. However, WSIB and some extended health insurance companies do require a medical doctor's referral before they will pay for physiotherapy.

If you have been hurt at work and plan on billing WSIB, you must have an **approved claim number**. If the claim is pending, **it will be up to you** to ensure that WSIB receives all the necessary forms (i.e. from work and from your doctor) so that your claim receives an **approved** status. If your claim is **not approved** for physiotherapy treatment, you may bill your extended health benefits company; otherwise you are responsible for paying for your physiotherapy out of your own pocket. All pending WSIB claims or claims in appeal must be paid for by the patient; if the claim is later approved, we will start your WSIB claim from **the day our clinic is informed of the approved status**. **Please note: We do not reimburse for anything you may have paid out of pocket**, any money paid to our clinic prior to approval from WSIB will be considered "private treatments" and not considered part of your approved WSIB claim.

Cancellation:

Cancellations create scheduling difficulties for other patients. At *Grand River Physiotherapy* we respectfully request that you **provide a minimum of 24 hours notice if you must cancel or change your appointment, otherwise a \$25.00 cancellation fee will be charged**. WSIB will not pay any cancellation fees, so \$25 is billed directly to the patient for each missed/cancelled appointment.

Claim #: _____
Workplace: _____
Work Address: _____ Postal Code: _____
Work Telephone #: _____ SIN #: _____
Date of Birth (DD/MM/YY) ___/___/___ Date of Accident (DD/MM/YY) ___/___/___
Referring Doctor: _____
Extended Health Benefits: Yes or No

PERMISSION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____
Address: _____
Phone Number: _____

I hereby authorize my treating physiotherapist to disclose any requested medical information to my Insurance Company/ Employer/ WSIB/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 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 above. I consent to be treated.

Patient's name

Date

Witness