



116 – 6363 168 Street Surrey, BC V3S 3Y2 604-372-2750

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

BC Care Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Courtesy reminder preference: text  email

Referring Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about us: Dr.  Google  Yellow Pages  Friend  Walked/drove by  other \_\_\_\_\_

**Patient consent**

By signing below I consent to treatment. During the initial assessment I will be assessed and a treatment plan will be discussed and explained. I can ask questions and have the right to be informed of the treatment provided. I may stop treatment at any time.

I have read the posted fees and agree to pay those fees for treatment. I understand that payment for all treatment, whether private or insured, is ultimately the responsibility of the patient. It is the patient's responsibility to keep track of their claim status and number of visits that have been approved. In order to receive the insurer rates the clinic must confirm that you are approved for coverage directly from the insurer. Any fees not covered or refused from any third party or insurer is immediately due to the clinic at the private rates posted. I understand that any outstanding balances are due before I may start my next treatment.

**Extended Benefits Authorization**

I hereby assign benefits payable for eligible claims to the Provider responsible for submitting my claims electronically to the group benefits plan and I authorize the insurer/plan administrator to issue payment directly to the Provider. In the event my claim(s) are declined by the insurer/plan administrator, I understand that I remain responsible for payment to the Provider for any services rendered and/or supplies provided. I understand that the assignment will apply to all eligible claims submitted electronically by the Provider and that I may revoke it at any time by providing written notice to the insurer/plan administrator. If I am a spouse or dependent, I confirm that I am authorized by the plan member to execute an assignment of benefit payments to the Provider.

**Cancellation/No Show Policy**

**Your appointment time has been reserved for you. In courtesy of your therapist and fellow patients, we ask that you provide us with 24 hours' notice of cancellation, or a cancellation fee will be charged. Extended health plans, insurers, ICBC do not pay for missed appointments, so you must pay the cost personally. If you are late for your scheduled appointment, please be advised that your appointment will end at the time it was originally booked for and the price of the original duration will be charged. There is an option to choose to receive a reminder by email or text message. This reminder is a courtesy reminder for an appointment and time slot already pre-scheduled. In no way by not receiving a reminder shall the cancellation policy be void. Late cancellation/missed appointment charges are the full amount of the original appointment.**

By signing below, I have read and understand Smart Motion Physiotherapy and Sports Clinic's patient consent, extended benefits authorization, cancellation policy and agree to its terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Extended Health Plans**

We can direct bill Pacific Blue Cross, Chambers of Commerce Group Insurance, Cowan, Desjardins Insurance, Great-West Life, Industrial Alliance, Johnson Inc., Manulife Financial, Maximum Benefit & Johnston Group, Standard Life and Sun Life Financial. Each company chooses the coverage that they provide to their employees. We can only direct bill the amount that is provided by the insurance company, and any balances not covered will need to be paid at the time of your visit.

If your insurer is not on the list, the fees are payable at the private rate and it is the patient's responsibility to submit them to the insurance company. It is the patient's responsibility to know the coverage and limitations of their extended health plan.

**ICBC**

Claim # \_\_\_\_\_ Date of Accident (mm/dd/yyyy) \_\_\_\_\_

Adjuster \_\_\_\_\_ Adjuster's phone # \_\_\_\_\_

Claim center \_\_\_\_\_ Email \_\_\_\_\_

Do you have a lawyer that represents your claim: Lawyer \_\_\_\_\_

Firm \_\_\_\_\_ Phone # \_\_\_\_\_

A doctor's referral for physiotherapy and registered massage therapy regarding an MVA is mandatory. ICBC patients must pay a surcharge/user fee per visit. Any fees not covered by ICBC or refused by ICBC are immediately payable by the patient at the private fee rate. It is the patient's responsibility to keep track of their claim status and number of visits.

**WorkSafeBC** (physiotherapy only)

Claim # \_\_\_\_\_ Date of Injury (yyyy-mm-dd) \_\_\_\_\_

Attending Physician \_\_\_\_\_ Is worker currently working: Yes  No

**Employer/Job Information:** Company's Name \_\_\_\_\_

Contact's Name \_\_\_\_\_ Contact's Job Title \_\_\_\_\_

Contact's Phone # \_\_\_\_\_ Worker Occupation \_\_\_\_\_

Usual Pre-Injury Work Schedule: Days/week \_\_\_\_\_ Hours/day \_\_\_\_\_ Comments \_\_\_\_\_

Approval is required from WorkSafeBC in order for your visits to be covered. Any fees not covered by WorkSafeBC or refused by WorkSafeBC are immediately payable by the patient at the private fee rate to the clinic.

**RCMP/VAC/CAF**

ID # \_\_\_\_\_ Unit \_\_\_\_\_

Collator \_\_\_\_\_ Division \_\_\_\_\_ Phone # \_\_\_\_\_

Authorization is required from Medavie Blue Cross in order for you to have visits covered. Any fees not covered by Medavie Blue Cross are immediately payable by the patient at the private fee rate to the clinic. The clinic will direct bill Medavie Blue Cross for physiotherapy and registered massage therapy covered under the insurance plan.

**Medical Services Plan**

Patients who qualify for premium assistance through the BC medical services plan are entitled to 10 visits per calendar year including physiotherapy, registered massage therapy, chiropractor, naturopath and podiatry. Any fees over the limit or refused by MSP are immediately payable by the patient at the private fee rate to the clinic.