SUNSET PHYSIOTHERAPY

Physiotherapy Patient Information

Last name: _____ First name: _____

Date of Birth: month____/day____/year___ Occupation: _____

CareCard Number: _____

Address: _____ City: _____

Postal Code: _____ Home Phone#: _____

Cell#:/carrier _____ Work#: _____

Email: _____

Family Doctor: _____ Phone#: _____

Fax#: _____

Who recommended you to our Clinic: Doctor☐ Family/Friend☐ Other☐ _____

ICBC Claim#: _____ **Date of injury:** _____

Adjuster: _____ Phone#: _____

Adjuster's Email: _____ Fax#: _____

Lawyer's Name: _____ Phone#: _____

WCB Claim#: _____ **Date of Injury:** _____

Case Manager: _____ Phone#: _____

Fax#: _____

SUNSET PHYSIOTHERAPY

Physiotherapy Fees

Please read and mark accordingly!!!

☐ **INSURANCE CORPORATION OF BC (ICBC) CLAIM**

The initial visit_____ **$30.00**
Each subsequent visit_____ **$25.00**
If ICBC does not accept the claim, the client will be responsible for paying the full amount for the treatment at our private rate (listed below).

☐ **WORK SAFE BC (WSBC) CLAIM**

Clients filing WSBC claims pay the **private** rate until the case has been accepted for coverage by the board. Fees paid will be reimbursed to the client by the clinic once the payment has been collected from the WSBC.

☐ **PRIVATE**

The initial visit_____ **$65.00**
Each subsequent visit_____ **$60.00**
If you have extended medical insurance we can bill directly your insurer and you will be responsible only for the portion that is not covered**. Non-reimbursed fees qualify as a medical deduction for tax purposes.**

List of Insurance Companies that we can bill directly:
Chambers of Commerce Group Insurance, Great West Life, Industrial Alliance, Johnson Inc, Manulife Financial, Maximum Benefits of Johnson Group, Standard Life, Sun Life, Pacific Blue Cross .

☐ **STUDENT**

The initial visit fee and subsequent visit fee_____ **$35.00** per visit
You must present ***"I have a plan card"*** or **valid student ID card**.

☐ **PREMIUM ASSISTANCE MSP**

User fee_____ **$15.00** per visit + **$5** for each Additional Area
Clients with Premium Assistance MSP coverage receive up to 10 subsidized visits per year.

☐ **CANCELLETION/NO SHOW POLICY**

Please provide 24 hours of advanced notice to cancel or reschedule an appointment. There is a **$25.00** fee for failure to attend a scheduled appointment without providing sufficient notice. There will be no receipt given to ICBC/WSBC patients for this cancellation fee, as ICBC and Work Safe BC are not responsible for reimbursing cancellation fees.

_____ _____

Date Patient's Signature

SUNSET PHYSIOTHERAPY

Authorization for Release of Information

I _____ hereby authorize Sunset Physiotherapy associated therapists to release information pertaining to my physical condition, treatment, and progress to the following people or organizations only:

FAMILY PHYSICIAN _____

ICBC _____

WCB _____

OTHER _____

I hereby authorize and grant permission to all registered physiotherapist at Sunset Physiotherapy Clinic to carry out any assessment, examinations, treatments and procedures as maybe necessary to treat my condition or injury.

I_____ acknowledge and agree that all registered physiotherapists will not be liable for any loss or injury, claim or damage resulting from or connected with receiving physiotherapy from Sunset Physiotherapy Clinic, UNLESS such loss claims, liabilities or damage results from the gross negligent from any of the physiotherapists at this clinic.

_____ _____

Date Patient's Signature

Consent to treat a minor child: I hereby authorize this office to administer care as deemed necessary for my child.

_____ _____

Date Parent/Legal Guardian's Signature