



## INFORMED CONSENT

The fee for the initial examination and treatment is \$95.00. Subsequent treatments are \$75.00.

During your initial assessment I will conduct a review of your medical history and current symptoms. A treatment plan will be formatted and discussed with you along with your goals and expectations. As with all forms of medical treatment there are benefits and risks involved. Physical response to treatment varies and cannot always be predicted as every individual is different.

I authorize the release and gaining of all necessary information to/from my:

Physician(s) \_\_\_\_\_

Other \_\_\_\_\_

I have read and understand this form. I agree to the above fee and payment structure and consent to the appropriate physiotherapy intervention.

Client signature \_\_\_\_\_

Date \_\_\_\_\_



## OFFICE POLICY

The fee for the initial examination and treatment is \$95.00. Subsequent treatments are \$75.00.

### **Medical Services Plan**

If you are currently subsidized for your M.S.P. premiums, your initial examination will be \$72.00 and subsequent treatments will be \$52.00. **Payment will be made on the date of service.**

### **Workers' Compensation Board**

W.C.B. claims must be reported immediately to the staff and the physiotherapist, so that Workers' Compensation Board forms are submitted. **Patients are responsible for the office fee until which time WCB has fully accepted the claim.** *Reimbursement for fees paid will be provided at that time.*

### **Canadian Forces Members**

Upon referral from medical services, ten (10) sessions are allotted for physiotherapy. Before the 10<sup>th</sup> session, the member must get an extension to the referral or a new referral; **otherwise the Member is responsible for the fees.**

### **Insurance Corporation of British Columbia (ICBC)**

Please let the receptionist know if you have sustained a **motor vehicle accident** and that you should be billed under ICBC. You will be given disability questionnaires to fill out. This is to enable us to understand how much your pain has affected your ability to manage your everyday activities. On your initial treatment and examination, your portion of the visit fee will be \$69.80 with subsequent treatments at \$51.40

### **Missed Appointments**

There will be a \$20.00 charge for missed appointments or cancellation without 24 hours notice.

~ I have read the above office policy and understand my responsibilities as a patient.

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