

PAYMENT POLICY & INSURANCE COVERAGE

Therapy Services: Non-OHIP Physiotherapy, Massage Therapy, Chiropractic, Bracing, Orthotics, as well as rehabilitation-related products/goods may be covered by most extended health care plans. Each plan may vary with respect to the amount covered per treatment and the annual limits. Please contact your insurance company and determine the exact details of your coverage. For services billed directly by St. George Physiotherapy Clinic to your insurance company on your behalf, you agree to endorse and forward forthwith to St. George Physiotherapy any and all monies received from your insurance company. You are personally liable to St. George Physiotherapy for all costs related to the assessment and treatment services (excluding OHIP-funded Physiotherapy services) as well as costs of goods provided to you.

Unless otherwise discussed with the front desk, payment for services is due in full by Cash, Debit or Credit Card at the end of each treatment session. A receipt with all of the required information will be provided for re-imbursement from your insurance company. If you qualify for direct billing, you will be required to pay any co-payments or deductibles not covered by your plan.

INITIALS: _____

CANCELLATION / NO SHOW / DISCHARGE POLICY

We require a minimum of 48-hour notice for change or cancellation of any appointment. Since we have a lengthy wait list for our services, we appreciate your consideration of the above. Your account will be charged the full treatment fee if you cancel with less than 48-hour notice or if you do not show up for your appointment. Should you arrive late for your appointment or request to leave early the full fee for the appointment time you have booked will also apply. Please note that if you are under episodic care models, you will not be re-issued any missed appointments or appointments with under 48 hours of cancellation notice.

Please note that if you have not been attending treatment at the clinic for a period of one month, we may attempt to contact you to get an update on your health status. If we are not able to get in touch with you after a reasonable number of attempts or if you have not contacted us after a month of your last visit, we may discharge you without notice from further care at our facility.

INITIALS: _____



180 Bloor Street west, suite 1202, Toronto, ON M5S 2V6. (T) 416-921-4587 (F) 416-921-4632

INFORMED CONSENT AND POLICIES

I hereby give my consent to undergo a physiotherapy evaluation and treatment. Treatment may consist of but may not be limited to the following: custom foot orthotics, appropriate footwear, manual therapy, heat, ice, low intensity laser, ultrasound, interferential current, rehabilitative exercises, acupuncture, dry needling, and bracing. I have had the opportunity to discuss with my physiotherapist the following:

- what the treatment is
- who will be providing the treatment
- the reasons why I should have the treatment
- the alternatives to having the treatment
- the important effects, risks, and side-effects of the treatment
- what would happen if I do not have the treatment

I understand the explanation and have no further questions. My consent is voluntary and may be withdrawn at any time.

I authorize St. George Physiotherapy to exchange information related to my medical condition and treatment between the treating physiotherapist, physicians, social worker, lawyer, WSIB, insurance company where appropriate.

I authorize St George Physiotherapy to obtain relevant clinical information from any of the above organizations/agents as required to facilitate my rehabilitation.

NAME: _____

DOB: _____

SIGNATURE: _____

DATE: _____

SIGNATURE OF WITNESS: _____