

Brooklin Village Physiotherapy

R.C. Fryzuk Physiotherapy Professional Corporation

Motor Vehicle Accident Clients

You have been involved in an automobile accident and are now ready to have physiotherapy. We require the following information in order to submit for you:

Name of Automobile Insurance Company: _____

Address of Company: _____

Adjuster's Name: _____ Tel #: _____

Claim #: _____ Fax #: _____

Date of the accident: _____

Extended Health Insurance Benefits (offered through workplace or privately obtained)

By Ontario law, Motor Vehicle Insurance Companies require you to use any or all Insurance available to you before we can submit billing to your motor vehicle company. If you have extended health insurance benefits, please bring a completed and signed insurance claim form with you to your first appointment. We will mail invoices for your treatments bi-monthly. Please bring all payments and statements (explanation of benefits) sent to you or your spouse (if the company will not reimburse us directly) so we may apply these payments to your account. If you receive these payments by direct deposit, you may receive your statement on-line, if not please request a statement to be mailed to you. Please forward the statement with your payment to us. The Motor Vehicle Insurance will not pay the balance of your account without the statements. If/when your extended health benefits have reached a maximum amount; your motor vehicle insurance will be billed for the full cost of each treatment. All of your rehabilitation costs will be covered if approved by your Motor Vehicle Company as outlined in your treatment plan. However, if we do not receive your extended health payments, you will be liable to us for your treatment costs incurred.

I understand and agree to the above:

Name of Client (Please Print)

Signature of Client

Date (yyyy/mm/dd)

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Motor Vehicle Client – Extended Health Benefits Submission Consent Form

I _____ allow Brooklin Village Physiotherapy to submit claims pertaining to my motor vehicle accident to the following extended health benefit company or companies.

(Name of Extended Health Benefit Company)

(Member Name and Policy #/ID#)

(Name of Extended Health Benefit Company)

(Member Name and Policy #/ID#)

By signing below, I understand that upon receiving payment for these treatments, I am to bring it to my next appointment (or within 7 days of receiving it) and endorse it for the services rendered in lieu of paying for these treatments upfront. If I am not the plan holder, I must ensure the cheque is endorsed by the plan holder (ie my spouse, parent, partner). **I also understand that failure to do so will mean that I will be billed for the full cost of my treatment and I will be responsible for billing my Motor Vehicle Company.**

Brooklin Village Physiotherapy will only submit extended health claims for completed treatments. We will not submit claims for treatments that have been missed or rescheduled.