Unit 201,3323,34 St NW, Edmonton, Alberta, T6t2K6, Ph 780-450-3435, info@silverberryphysio.com

Name: _____ Emergency Contact:

_____

Address: _____ Emergency Contact Ph.:_____

City: _____ Province: _____ Family Doctor: _____

Postal Code: _____ Phone: _____ Fax: _____

Home Ph: _____ Date of Accident: _____

Cell Ph: _____ Insurance Company: _____

Work Ph: _____ Adjuster Ph #:_____ Fax#: _____

AHC #_____ Claim: _____Policy #_____

Date of Birth: _____ Email Address: _____

How did you hear about us _____ Approved Until _____

Payment

It is the law in the province of Alberta that your car insurance will pay for "medically necessary care" required for any injuries you receive in a car accident (As long as your AB-I forms have been completed and submitted within 10 days of the accident, and your AB-2 forms have been completed by your therapist, signed by you, and returned to your insurance company within 10 days of your first visit or as soon as practicable). This included physiotherapy. Patients making motor vehicle insurance claims are billed $200.00 for the first visit to cover the cost of assessment and treatment. Your first 7 subsequent visits are billed at $83.00 and the final 8-21 treatments at $41 .00 (as per guidelines of the AB government MVA treatment protocol — please ask your therapist after the initial assessment if you require clarification of this amount). If you require additional treatments beyond the first 21, we may ask for an extension at that time. If the extension is granted, billing amounts will revert to "out of protocol section B' billing, which amounts to $120.00 per treatment, as per guidelines of the Alberta Physiotherapy Association. It is necessary to exhaust all private benefits available to you prior to billing through your motor vehicle insurance for your 'out of protocol' treatments. ***Please note: <u>It is your responsibility to advice your insurer that you are receiving physiotherapy treatments from this clinic</u>***

I agree to Silverberry Physiotherapy Clinic Polices **(If patient is under the age of 18, parent guardian is to sign**) signature / date / witness _____

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Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee 25.00 $

Consent for disclosure of personal information

Silverberry Physiotherapy Clinic is committed to the responsible collection, use and disclosure of personal information. I hereby authorize silverberry Physiotherapy to either A) release medical and personal information for the purpose of preparing a report for my third party payer or B) obtained any medical information that is relevant to my treatment (for example x- ray/lab / physician results).

Consent to assessment and treatment

I understand that physical therapy assessment and treatment requires physical contact and / or use of electrical devices as well as exercises. I consent to such assessment and treatment, as explained to me by the physical therapist. I agree to Silverberry Physiotherapy Clinic Polices (If patient is under the age of 18, parent guardian is to sign

Personal belongings

Silverberry Physiotherapy clinic cannot be held responsible for loss or damage to personal goods and belongings

Acknowledge

I acknowledge that there is always some risk of physical harm involved in any form of exercise of physical treatment and absolve the therapists employed by Silverberry Physiotherapy Clinic of any responsible for injuries occurred by myself during the course of physical therapy assessment or treatments . I also acknowledge that it is my responsibility to inform my treating therapist of any undue discomfort or side - effects from treatment. I understand that I withdraw this consent and refuse further treatment at any time.

I agree to Silverberry Physiotherapy Clinic Polices **(If patient is under the age of 18, parent guardian is to sign**) signature / date / witness _____