

CLINIC CONSENT FORM

Consent for Payment Policies

Goreway Physiotherapy services are covered by Extended Health plans, WSIB, MVA, & OHIP. Payment is due when the services are provided. Many extended health plans cover full or part of the fees for our services and we do provide online direct billing to most insurance companies, however some plans don't (please discuss with front desk person for details before you receive services). Some plans do require to pay upfront and you will be provided with a receipt that you can submit to your insurance for reimbursement. Our front desk staff would be happy to assist you with any questions related to billing & fee structure.

- In the case of WSIB or Motor Vehicle Accidents claims we can submit our fees directly to the WSIB/ Auto Insurance.
- For OHIP eligibility Criteria- check with front desk staff.
- For products (Custom orthotics, stockings, & Brace) most insurance companies requires to pay upfront and we are more happy to assist you to process your claim.

Missed /Cancellation & No-Show Policy

Your appointment time is held for you. Please understand that a missed appointment or late cancellation disables another client from accessing our services. As a result, cancellations less than 24 hours (unless an emergency), missed appointments or no show will be subject to the full session fess. We understand that last minute changes in your schedule are impossible for you to avoid, please plan accordingly for us to fill the appointment slot. We will attempt to remind you of your appointment a day in advance. However, do not rely on these calls to keep track of your appointments. You are fully responsible to keep up your schedule time. Please be advised that our front desk staff will apply the fees according to the above criteria. Any issues or concerns regarding payment of the cancellation fees should be brought up with your physiotherapist and escalated to the clinic director if appropriate. There is one time leniency for missed appointments. Upon repeated missed appointments this fee will be charged. This fee is not billable or payable by insurance. Patient with more than 2 missed appointments in succession will be discharged from therapy and referred to their Primary Care Provider.

Late Arrivals

If you arrive late, your session may be shortened to accommodate other patients whose appointments follows yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the "full" session. Out of respect and consideration to your therapist and other patient, please plan accordingly and be on time

Billing Information Any outstanding payment is patient's responsibility and are due. You are ultimately responsible for any allowed charges not covered by your insurance company(s). it is your responsibility to provide Goreway Physiotherapy with correct information including insurance company name, policy and certificate numbers, & ets. If

any charges on your insurance policy such as carrier change, termination of coverage, its your responsibility to update it within a timely manner.

Past due accounts: If your account becomes past due, we may need to take necessary steps to collect this debt. This may include contacting the person listed as spouse / family member or emergency contact on your intake sheet. If we have to refer your account for collection, you agree to pay all of the collection cost which are incurred. If your outstanding account are submitted to collection agency or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record. In this case, you acknowledge that Goreway Physiotherapy will not be held responsible for this action.

I have been informed of my financial responsibility and agree to the terms and conditions as stated on this form. I understand that my health insurance is a contractual agreement between my insurance carrier and me. It is therefore MY RESPONSIBILITY to question my insurance company regarding delays in payment and/ or denial of coverage, incorrect processing of claims by the insurance company as well as any requirements that may be included in my insurance policy coverage (i.e. **referral requirement, coverage of amount / percentage, co-payment, and deductibles**)

Consent for Personal Information

- I understand to provide me the goods and services Goreway Physiotherapy and Rehabilitation Centre will collect some personal information about me (e.g. home telephone number, address)
- I have reviewed the Goreway Physiotherapy and Rehabilitation Centre's privacy policy about the collection, use and disclosure of the personal information, steps taken to protect the information and my right to review my personal information. I understand how the privacy policy applies to me. I have been given a chance to ask any questions about the privacy policy and they have been answered to my satisfaction.

I understand that Goreway Physiotherapy may need to provide my Physician, lawyer, Employer, Adjudicator of workplace safety and Insurance board, Insurance Company, Social Worker or Case worker any or all medical information and Copies of Clinical Records maintained by the above facility, directly related to my present medical condition and treatments thereof.

I understand and agree with the following

- I would like to receive notice when it is time to review whether I need new goods or services.
- I would like to receive newsletters, greeting cards & other information mails from Goreway Physiotherapy and Rehabilitation Centre.
- I am consenting to phone/ email communication for appointment reminders, to send invoices & other related information pertaining to my visits.
- I understand that I may ask questions at any time, and that my consent may be withdrawn in writing at any future time.
- I _____ understand that I am responsible for the payment of all fees associated with the service that is provided to me.
- I have read and understand the cancellation, No Show & Late Arrivals Policy of Goreway Physiotherapy and I agree to abide by its terms.
- I have given chance to ask any question related to fees structure & cancellation Policy.

X _____
Clients/ Parents/ Guardians Signature

Thank you for your Business & understanding !