



Client Information and Consent Form

Impact Physiotherapy is a fee-for-service physiotherapy clinic. A client can access this option through extended health benefits or personal payment.

It is our policy that accounts are paid on the date of your appointment. Invoices will be provided after each visit for submission to:

- Extended Health Insurance Plan
- Deductible Medical Expenses

Cash, personal cheque, Visa, MasterCard and debit will be accepted for payment of accounts.

Please provide us with the following information of your extended health benefit coverage (if applicable):

Name of Ins. Company _____ Policy/Plan # _____

ID#: _____ Dollar Limit: _____

Percentage coverage: _____ Who is the policy holder? _____

If you are uncertain of the above information, please contact your Health benefit company. Unfortunately due to the confidentiality act, we are unable to do it on your behalf.

Notice to insured extended health clients:

If you receive a payment cheque from your company **in your name**, we unfortunately cannot accept your company cheque for payment towards your physiotherapy treatments. Our financial institution will not accept third party cheques. The payee on the cheque must be **Impact Physiotherapy & Performance Inc.** **This means you are responsible for payment of your physiotherapy services.**

Cancellation Policy:

You will be billed for missed appointments unless 24 hours advanced notice of cancellation is received. In the event that cancellation is not received in a timely fashion, a fee of \$60 will be charged to your account.

I hereby agree that I will pay for any missed or cancelled appointments at a fee of \$60/incident should they occur. This cancellation fee provides compensation for both the therapist's time and in fairness to other clients who could have otherwise been able to book an appointment at your scheduled time.

I hereby agree that I will pay for all services rendered to me by Impact Physiotherapy.

I have read and understood all of the above statements and agree to adhere to them accordingly. I give consent to be assessed by the staff at Impact Physiotherapy.

Client's Name (Print): _____ **Client's Signature:** _____

Date: _____

Witness: _____