

PATIENT INFORMATION

Name _____

Address _____ City _____

Postal Code _____ E-mail _____

Home # _____ Work # _____ Cell # _____

Date of Birth _____
Day _____ Month _____ Year _____

Family Doctor _____ Referred by _____

Occupation _____ Employer _____

How did you hear about our clinic? _____

EXTENDED HEALTH BENEFITS

Extended Health Care Company _____ Policy # _____

ID # _____ Coverage amount _____/year _____/visit

COMPLETE THIS SECTION FOR WSIB (worker's compensation) CLAIMS

Claim # _____ Injury Date _____ SIN # _____

COMPLETE THIS SECTION FOR MOTOR VEHICLE ACCIDENT CLAIMS

Auto Insurance Co. _____ Adjuster Name & Ph. # _____

Claim # _____ Policy # _____ Accident Date _____

PAYMENT POLICY

For WSIB claims, we submit billing directly for you.

For Auto Insurance claims, we submit billing for you. If you have extended health care benefits, this plan must first be exhausted and you will make payments directly to Brady Physiotherapy.

For other clients, payment will be made to Brady Physiotherapy after each treatment. Payment may be made by cheque, debit, Master Card or Visa.

Short cancellation notice (less than 24 hrs.) and no shows will be subject to a fee.

Patient Signature _____ Date _____

