

**THE TORONTO CENTRE FOR SPORTS MEDICINE
& PREVENTATIVE HEALTH LIMITED**

PHYSIOTHERAPY BILLING POLICIES

Thank you for choosing us for your rehabilitation needs. We provide comprehensive, state-of-the-art, personalized treatment of all sports and physical injuries and orthopaedic conditions. We are open from 7:00 am to 7:00 pm Monday to Thursday and 7:00 am to 2 pm on Friday.

Registered Physiotherapy is covered by extended Health Care Plans. We advise you to check with your health insurance provider to determine your coverage for **doctor prescribed registered physiotherapy**. Typically most plans offer a yearly maximum or co-pay type of plan. The expectation is that the patient takes some responsibility for their health care.

Our fees are based on the recommended fee schedule set out by the Ontario Physiotherapy Association. The first physiotherapy session consists of an assessment and initial treatment. The cost of the first session is \$90.00. We require payment for your first session at the end of your visit. If your first session is scheduled at times when our receptionist is not available you will be required to pay for your first visit at the time of booking. Subsequent physiotherapy charges will be \$65.00 and is due at the time of service. If a receptionist is not available to take your payment, please follow the simple instructions for making a payment at the front desk. Any other payment schedule must be arranged in advance with our staff.

Payments may be made by cash, cheque, Visa, MasterCard or debit card. If you fail to make a payment at the time of the service our staff will contact you to notify you that your credit card has been charged the required amount. In cases of payment with a debit card or cheque, we will contact you to arrange payment over the phone. Payment at the time of service is also required for children or minors who may not have access to payment methods themselves. This is most efficiently arranged by allowing us to automatically bill your credit card at the time of each service.

For your convenience, you may use our automated answering system which can be accessed 24 hours per day in order to allow change appointment times. ***Charges for missed appointments or cancellations without sufficient notice (one business day) will be made to your account.***

If you have any questions, concerns or require assistance with your extended Health Coverage forms, please do not hesitate to ask our secretary for assistance.

We hope that your experience with us will be pleasurable and will get you quickly back on the road to optimal health.

Patient's or parents' statement of agreement:

I verify that I have read and understand the above and agree to the terms and conditions outlined.

Signed: _____ Date: _____

Patient's Name (Please Print) _____

Parent's name (if applicable) _____