

Client's Name: _____ Date: _____

As your healthcare provider it is our intention to provide you with the best possible care. In our endeavor to do this we are requesting that you fill out the following information. Although you may be initially booked for one form of therapy (i.e. physio) we are asking that you complete all of the information below, as your therapist may refer you to another form of therapy (massage therapy, chiropractic or pedorthics) to expedite your recovery. We also need the amount that you are covered for each professional to ensure that we do not exceed your coverage limits.

Name of Insurance Company: _____

Policy #: _____ Certificate #: _____

Is your plan renewed on an annual basis? _____

Name of Employer (plan holder's) _____

Physiotherapy Coverage Details: _____
(Yearly maximum, % of coverage)

Massage Therapy Coverage Details: _____
(Yearly maximum, % of coverage)

Chiropractic Coverage Details: _____
(Yearly maximum, % of coverage)

Orthotics: _____
(Referral required – please provide details of coverage)

Some plans require a referral for physiotherapy, massage therapy and chiropractic treatment. Please check with your individual plan to determine the need for a referral to obtain reimbursement.

Do you have a secondary plan (i.e. spousal plan)? Yes No

If yes, please provide details of coverage.