



BEDFORD ORTHOPAEDIC HEALTH CENTRE-PHYSIOTHERAPY

200-1093 Bedford Highway

Bedford, NS B4A 1B7

Tel#: 902.835.1932

Fax#: 902.832.1374

PRIVATE INSURANCE COVERAGE

The fees for private physiotherapy treatments are not covered by the provincial medical plan, MSI. Most health insurance plans such as Blue Cross & Great West Life, reimburse all or a percentage of the cost. However in most cases we are not permitted to bill them directly with the exception of most Medavie Blue Cross. Upon payment we will issue an official receipt for you to submit to your insurance carrier for reimbursement. Plans vary considerably so **PLEASE CHECK YOUR PLAN TO DETERMINE THE AMOUNT OF COVERAGE YOU HAVE AND THE TERMS OF YOUR REIMBURSEMENT (including any customary charges if applicable).** Some plans require a referral by a physician.

TREATMENT FEES

The fees for Physiotherapy Assessments and Treatments are posted at the front desk.

PAYMENT

Payments may be made by cash, cheque, MasterCard, Visa or debit after each visit,

PATIENT INFORMATION

Name: _____ Gender: _____ Date of Birth: _____

Address: _____ City/Province: _____

Postal Code: _____ Home Tel#: _____ - _____ Work Tel#: _____ - _____ Cell# _____ - _____

Email _____

Area of Treatment : _____ Date of Onset: _____

Referring Physician: _____ Family Physician: _____

Type of Medical Plan: _____

1) Why is it important that you have this problem fixed now? _____

2) What are two main things that you want to achieve from today's consultation? _____

Other Health Related Issues? Please circle the following relevant to your health.

- | | | | | |
|---------------------|------------|----------------------|---------------|-------------------|
| High Cholesterol | Diabetes | Heart Problems | Allergies | History of Cancer |
| High Blood Pressure | Epilepsy | Fracture Pins/Plates | Pacemaker | Pregnant |
| Dizziness | Infections | Bowel/Bladder | Sensitivities | Other: _____ |

Are you taking any medications? _____

Any X-rays taken related to the referral? _____

Are there any related surgeries? _____

What is your occupation? _____

What are your recreational or sported related activities? _____

Emergency Contact: _____ Tel#: (Day) _____ - _____ (Evening) _____ - _____

CONSENT FORM

I, _____, give consent to the assessment and treatment by a physiotherapist employed at the Bedford Orthopaedic Health Centre. I understand the physiotherapist will discuss the clinical findings and inform me of the available treatment options. I will communicate to the physiotherapist any questions or concerns with respect to treatment and at any time I have the right to terminate treatment.

I, _____, give consent for Bedford Orthopaedic Health Center to communicate and send reports to my Family Practitioner, and referring health professional.

24 HOUR CANCELLATION & MISSED APPOINTMENT POLICY

The Bedford Orthopaedic Health Centre asks all clients to **respect our 24-hour cancellation or missed appointment policy** as this time was set aside for you. With less than 24 hours notice, it is difficult for the clinic personnel to contact other patients who wish to be seen. Therefore, failure to comply, **50% of the treatment cost will be billed to you directly and not to your health insurance plan(s)**. This does not apply to situations of inclement weather or if you feel it is unsafe to travel to your appointment or have a communicable illness.

In the event of **three (3) missed appointments**, without cancellation, patients will be **discharged** from Physiotherapy services.

I have reviewed and understood all information on both sides of this form.

Patient Name: _____

Patient's Signature: _____ Date _____

Witnessed: _____

Witness Signature: _____ Date: _____

HOW DID YOU CHOOSE US!

- Physician Recommendation
- Internet/Google Search
- Advertisement
- Family and Friends Recommendation
- Telephone Directory
- Location
- Other _____