

Appointments

Appointment frequency and expected duration should be discussed with the therapist and scheduled appropriately with the receptionist. Please check in at reception each visit. It is important that you arrive a few minutes before each treatment time, in order to prepare. If you do arrive late you will be seen for the remainder of your scheduled time.

Cancellations, Lateness and No-shows

If you need to cancel, informing us of your changed schedule as early as possible is appreciated. Any appointment cancelled with less than **twenty-four hours notice**, or **no-shows**, will be charged **\$60.00**, (which may not be covered by your extended Health Care Plan).

Payment

This physiotherapy clinic is not covered by OHIP. Extended Health Care benefits vary depending on the policy. **It is very important that you clarify your coverage prior to initiating physiotherapy treatment** to ensure you are reimbursed to your full expectation. Clients are responsible for full payment of their account at the end of each week.

Treatment Fees

Initial Assessment	\$90.00
Follow Up Appointments	\$60.00
Missed Appointment Fee	\$60.00
Shock Wave Therapy	\$95.00

Personal Belongings

The clinic can not be held responsible for loss of damage to personal belongings.

Cardiac Pacemaker, Medical Conditions

Clients with Cardiac pacemakers, or other medical conditions should notify their therapist prior to the initial assessment.

Consent for Personal Information

I understand that to provide me with physiotherapy goods and services, Accelerated Physio & Sports Rehab will collect some personal information about me (e.g. home telephone number, address).

I understand that if I **do not** check off the following boxes, I **will** receive the following:

I would like to receive notice when it is time to review whether I need new goods or services.

Yes No

- I would like to receive newsletters and other informational mailings from Accelerated Physio & Sports Rehab.
- I would like to receive notice of promotions and special offers from the Accelerated Physio & Sports Rehab.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to Accelerated Physio & Sports Rehab collecting, using and disclosing personal information about me as set out above and in the Accelerated Physio & Sports Rehab's Privacy Policy.

I fully understand and agree to abide by the above policies as outlined.

Patient Signature	Printed Name	Date		
		YYYY	MM	DD