



Clinic Policies Physiotherapy

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-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 **full fee**, (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 treatment.

Treatment Fees

Initial Assessment	\$100.00
Follow Up Appointments	\$65.00
Missed Appointment Fee	\$full fee for time appointment scheduled
Reports/Return to work forms	\$65.00
Lawyer notes	\$100.00

Personal Belongings

The clinic cannot 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 CycleBarre will collect some personal information about me (e.g. home telephone number, address).

I understand that if I check off the following boxes, I will receive the following:

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

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

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

Patient Signature	Printed Name	Date YYYY MM DD
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