
MVA Fee Schedule and Office Policies

According to Motor Vehicle Accident (MVA) Legislation, Bill 59, you are required to exhaust any extended health care insurance plan coverage you have before your motor vehicle insurance company is required to pay for treatment.

In order to provide physiotherapy care through motor vehicle insurance, the following guidelines must be adhered to and understood.

IF YOU **HAVE** EXTENDED HEALTH CARE INSURANCE:

- Fees recoverable from extended health care insurance plans are the client's responsibility. We do **NOT** directly bill your extended health care provider.
- Payment is required at the time that treatment is provided. No credit or accumulation of fees is permitted.
- We require written confirmation from your insurance company that your extended health care coverage has been exhausted. Once received, we will start submitting invoices on your behalf directly to your automobile insurance company.
- If you have partial fee coverage (e.g. 80%, or a set dollar amount), you are responsible for paying Total Balance Physiotherapy directly and obtaining reimbursement from your extended and automobile insurance companies.

IF YOU **DO NOT** HAVE EXTENDED HEALTH CARE INSURANCE:

- Total Balance Physiotherapy will submit invoices on your behalf directly to your automobile insurance company once the automobile insurance company has approved treatments. If you wish to commence treatments prior to approval by the insurance company, you will be responsible for payments. (Please make note that once approval is obtained you can get direct reimbursement from the automobile insurance company).

Please indicate if the **OCF 1** Form provided by the insurance company been submitted **YES:**_____ **NO:**_____

PLEASE NOTE:

You are ultimately responsible for the cost of the treatment provided if payment is immediately or subsequently denied **for any reason** by your motor vehicle insurance provider. In signing this document you are stating that you have read and understood the above policies and procedures.

I, _____, understand that I am responsible for payment of physiotherapy services in the event that my automobile insurance company is non-compliant with payment for greater than 60 days of the billing date. I understand that Total Balance Physiotherapy will notify me if such balance is not paid within 60 days of the billing date. I understand that my payment for services is then due when such notice is given.

Name: _____

Signature: _____ Date: _____