

Workplace Safety and Insurance Board (WSIB) Clients

Claim Number: _____	Date of Birth: ____/____/____ dd mm yy
Name: Mr / Mrs / Ms _____	
Date of Injury: D/M/Y _____	
Employer Name: _____	
Supervisor/Contact name: _____	
Employers Phone Number: _____	
Job Title/Occupation: _____ Length of employment: _____	
Employment status at time of assessment	
<input type="radio"/> Full Time <input type="radio"/> Part Time Worker <input type="radio"/> Regular Duties <input type="radio"/> Modified Duties	<input type="radio"/> Regular Hours <input type="radio"/> Modified Hours <input type="radio"/> Not Working
If not working, How long do you think you will be off work? Days _____	

If at the time of your first appointment with Total Balance Physiotherapy your claim number has not yet been approved or you have not yet been issued a claim number, you will be charged standard physiotherapy fees.

You are ultimately responsible for the cost of the treatment provided if payment is denied for any reason by the WSIB.

We would like to inform our clients of important information regarding the cancellation policy as they begin their therapy through the WSIB system.

Please be aware that:

- We are required to inform WSIB of any scheduled appointments that are missed or cancelled for ANY reason.
- Our cancellation policy will also be **strictly enforced**, and waiving of the \$25 charge will be made on a case-by-case basis only.
- WSIB does not compensate the physiotherapist for missed appointments and therefore **the client will be responsible for any cancellation charges that apply.**
- Cancellation fees are due before the next treatment session is commenced.

The WSIB system is unique and has led to a number of clinics in Ontario to refuse treatment to clients that are within the WSIB system. Total Balance Physiotherapy is committed to providing high quality care to all clients regardless of their type of payment coverage. In order to continue to provide this care we need our WSIB clients to respect and comply with the information above.

SIGNATURE: _____ DATE: _____