

File Number

DAVID L. MACINTOSH SPORT MEDICINE CLINICFaculty of Physical Education and Health
55 Harbord St. Toronto, Ontario M5S 2W6University of Toronto
(416) 978-4678

Patient's Last Name		Given Name			Middle Name			Sex					
Province	Health Card Number/Out of Province Number (<u>please swipe card</u>)						Version Code						
Name as printed on Health Card				Expiry Date			Date of Birth						
				Day	Month	Year	Day	Month	Year				
Sessional/Current Address				Permanent Address									
Apt #	Street			Apt #	Street								
City		Province	Postal Code			City		Province	Postal Code				
Area Code	Sessional Phone Number						Area Code	Permanent Phone Number					
Area Code	Business Phone Number			Extension		Emergency Contact Number				Name			
Membership Category				Student Number or Membership Number				Faculty/College/Department					

BILLING POLICIES FOR NON STUDENTS

Thank you for choosing the David L. MacIntosh Sport Medicine Clinic for your rehabilitation. We specialise in the care of sport or exercise related injuries.

Our multi-disciplinary team of therapists include athletic therapists, massage therapists, physiotherapists, and chiropractors. A physician must prescribe all therapy. Our chiropractors require a direct referral from one of our sport physicians. Please check with your extended health care plan administrator to see if your treatment is covered.

Visits with our Sport Medicine Physicians are covered by your valid provincial health plan (ie. OHIP). Visits with any of our therapists are **NOT** covered by OHIP. Initial therapy assessments are \$80 and follow-up sessions are \$50. Laser/therapy treatments are an additional \$10.00 per 15 minute time unit. Chiropractic appointments are \$90. **You are required to pay for each session at the time of your visit.** Payment may be made by cash, Interac, cheque (payable to the University of Toronto), MasterCard, or VISA. Prices are subject to change without notice.

Attending your therapy appointments is important to your rehabilitation. Lateness of 15 minutes or more is considered a missed appointment, and the appropriate fees will be applied. Charges for missed therapy or physician appointments or cancellations without 24 hours notice will be invoiced to your account, emergencies notwithstanding. This fee is \$25.00. The fee for a missed laser therapy appointment is \$35.00.

All Information gathered for treatment or assessment is confidential except as required or allowed by law or except to facilitate diagnosis (assessment) or treatment. You will be asked to provide written authorization for release of any information.

Patient's Statement of Agreement:

Please note: The clinic does NOT treat patients with workplace or motor vehicle injuries.

I verify that I have read and understand the above and agree to follow the terms and conditions outlined.

Signed: _____ Date: _____

Patient's Name (Please Print): _____