

File Number

**DAVID L. MACINTOSH SPORT MEDICINE CLINIC**Faculty 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 (please swipe card)						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	
	•		•		•		•		
Patient Status: Check appropriate box			Student Number or Membership Number			Faculty/College/Department			
Canadian <input type="checkbox"/>	International <input type="checkbox"/>								

**BILLING POLICIES FOR STUDENTS**

Each fiscal year, May 1 – April 30, **ALL** currently registered University of Toronto students who have paid the Athletics incidental fees will be charged a one-time annual administration fee of \$50.00 for therapy or chiropractics. **This fee must be paid at the time of your appointment.** Physician appointments may be billed directly to all provincial health plans, UHIP, ETFS or CIDA depending on the period of coverage. If your health coverage is rejected for any reason, or if you do not have one of the aforementioned medical plans, you will be responsible for the payment of physician visits.

Our multi-disciplinary team of therapists includes athletic therapists, massage therapists, physiotherapists, and a chiropractor. All students must see one of our physicians before they can receive therapy. A \$10.00 fee applies to Chiropractic visits which **must be paid at the time of your appointment.**

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 appointments or cancellations without 24 hours notice will be invoiced to your account, emergencies notwithstanding. The fee is \$25.00 for each missed physician or laser treatment, and \$15.00 for each missed therapy appointment. **You are required to pay for these fees at the time of your visit.** The Clinic reserves the right to withhold services if you have an outstanding balance. Payment may be made by Visa, MasterCard, Interac, cash, or cheque (payable to the University of Toronto). Prices are subject to change without notice.

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 understood the above and agree to follow the terms and conditions outlined.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name (Please Print): \_\_\_\_\_

FPEH CODES (for office use only):  
VS - VARSITY STUDENT Indicate sport:  
NVS - NON VARSITY STUDENT \_\_\_\_\_

