

Mark Kroeger Physiotherapist Corporation

Sports & Orthopaedic Injuries

Fee Policy

I understand that I am responsible for any payment of treatment(s) provided. It is also my responsibility to pursue coverage for treatment(s) with insurers. I will receive a receipt for services rendered, and I am responsible for arranging reimbursement by my primary/secondary insurer or any other insurer (MSP / ICBC / WCB) if such an arrangement is warranted.

Late Cancellations & Missed Appointments

In consideration of your fellow patients and your therapist please allow a minimum of 24 HOURS NOTICE to change or cancel your appointment. A \$20 fee will be applied for late cancellations or missed appointments. Thank you for your understanding.

Authorization for Medical Records Release

I authorize the clinic and its associated therapists to communicate with my physician and/or any other pertinent party in order to obtain information, records, test results and any other documents related to my physical/mental condition including, but not limited to, all x-rays, medical reports, progress reports, reports of diagnostic tests/medical opinion as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

Signature

Date