



Orthopaedic And Sports Injury Services

Registered Physical Therapists: Joe Harvard MScPT, MCPA
Erl Pettman MCPA, FCAMT, OMT Nasan Mohajeri MScPT, CAFCI
Kim Hauvre MScPT, MCPA Liliana Harvard BScPT, CAFCI, MCPA

DATE OF INITIAL VISIT: _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____ Postal Code _____

HOME TEL _____ CELL _____

EMAIL ADDRESS _____

CARE CARD NUMBER _____

FAMILY DR _____ PHONE _____

WHAT TYPE OF CLAIM IS THIS? (CHECK ONE)

- PRIVATE we are happy to provide you with e detailed receipt to submit to your private insurer
- WSBC (or WCB) must have a pending or approved claim and provide a claim number
- ICBC must provide claim number
- MSP available to those clients who receive premium assistance or have first nation's status
- DVA RCMP
- VAN. COASTAL HEALTH available for clients who have had knee or hip surgery at UBC Hospital

ICBC PATIENTS ONLY

CLAIM NUMBER _____ DATE OF INJURY _____

ADJUSTER AND PHONE # _____

LAWYER (if applicable) _____

***IMPORTANT* For ALL patients:**

- I am of the understanding that if for any reason WCB, ICBC, MSP or any other funder does not cover my claim I am responsible to pay all Private Fees owing.
- **1 business day cancellation notice** is required to be able to offer optimum care to all patients. **(A \$30 fee will be implemented if no notice is given)**

SIGNATURE _____ DATE _____