Orthopaedic **A**nd **S**ports **I**njury **S**ervices
7650 Grand Street Mission, BC V2V 3T3
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Assignment of private insurance benefits to OASIS Mission Physiotherapy

Please note the following regarding your insurance benefits:

- You are solely responsible for all fees owing to OASIS Mission Physiotherapy. If for any reason those fees are not paid in full by your insurance provider, you will receive an invoice for the amount owing; expected to be paid in a timely manner.
- You are responsible for understanding your insurance benefits. This includes any deductibles or limits to your plan. We will do our best to collect the correct co-pay on the day of your treatment but adjustments may be made at a later date.
- Your insurance provider may require you to register with them for electronic claims submission and/or direct deposit before they will allow us to submit electronic claims on your behalf. Contact your insurance provider or review their website for more information.
- If for any reason we are unable to process a claim to and/or get a response from your insurance provider on the day of your treatment through their electronic claim submission format, we will collect the fee for your visit from you.

Patient Name*: _____ Patient DOB*: _____

Policy Holder Name*: _____ Policy holder DOB*: _____

Relationship to Insured*: _____ Insurance Provider*: _____

Policy/Plan ID*: _____ Member ID*:_____

Yearly Deductible to be met: _____ Yearly Maximum payout: _____

Max Payout per visit: _____ Percentage of coverage: _____

◯ I provided OASIS with a current doctor's referral from Dr:_____

* Required information. All other details about your insurance are valuable things for you to know. We do not know and cannot find out these details for you. If you ever have a visit that is not covered as you expect by your plan, knowing these details can help explain why.

I have read, understood, and agree to the above information regarding assigning my insurance benefits. The information I have provided regarding my insurance benefits is complete and accurate.

_____ _____ _____

Signature Print name Date