



Dear Patient:

The associates and staff of the Meridian Spine & Joint Physiotherapy appreciate your visit. We are glad that you have chosen us for your physiotherapy/massage therapy care!

PAYMENT POLICY

It is important to us that you are aware and agreeable to our payment policy prior to beginning treatment as we want you to be well informed and comfortable.

Please read carefully:

Meridian Spine & Joint Physiotherapy is a private practice. We rely on payment from many of the funding sources of payment for your care.

- Patient direct payment
- Motor Vehicle Accident Insurance
- Extended Health Care Insurance
- Disability Insurance
- Veteran's Affairs
- Workplace Safety & Insurance Board
- Employer direct payment
- Other

Payment will be due from you at the end of each treatment session unless you have a third party payer who has agreed to pay directly for your care. You will be issued a receipt for each treatment session.

We encourage you to investigate your extended health care insurance coverage. In most cases all or part of your physiotherapy costs will be covered by the company (eg. London Life, Sun Life, Blue Cross, Green Shield). Patient reimbursement may also come from Motor Vehicle Insurance (including no-fault coverage) or from some special government funding or health care agencies, or the Workplace Safety & Insurance Board (WSIB). In the event, your third party payer/insurance/OHIP does not cover the cost of your treatment, this is to acknowledge that you will be responsible for payment directly to Meridian Spine & Joint Physiotherapy / Meridian Active Joint Physiotherapy.

In accordance with our cancellation policy, we require 24 hours notice if you are unable to keep your appointment. If we do not receive 24 hours notice, you will be charged for the missed appointment and be expected to pay directly. Third party payers do not pay for missed appointments.

If you would like us to help you complete your insurance/third party forms, please bring your forms in and our Patient Service Coordinator will be pleased to provide assistance.

Meridian Spine & Joint Physiotherapy has the following policies endorsing client rights.

- Confidentiality of information
- Privacy
- Freedom from; Abuse, financial or other exploitation, retaliation, humiliation and neglect

- Access to information pertinent to the person served in sufficient time to facilitate his or her decision-making
- Informed consent or refusal or expression of choice regarding: service delivery, release of information, concurrent services, composition of the service delivery team, involvement in research projects, if applicable
- Access or referral to legal entities for appropriate representation
- Access to self-help and advocacy
- Adherence to research guidelines and ethics when persons served are involved, if applicable
- Investigation and resolution of alleged infringement of rights

Patient Responsibilities include

- Attend appointments when set
- Work toward full restorative care putting in very reasonable effort to get healthy
- Following our safety regulations (see below)

SAFETY REGULATIONS

It is important to us that you are aware of and adhere to the following safety regulations while in the clinic offices. Please read and acknowledge with your signature the following safety regulations.

For your personal safety, the safety of our staff, and others in the clinic.

1. No open toe shoes or socks. Appropriate footwear should be worn at all times. Outdoor footwear is not allowed for hygiene reasons.
2. In accordance with the Ontario Smoking Statutes – the clinic is a non-smoking environment.
3. We encourage you to turn off your cell phone while in the clinic. If it is essential that your cell phone is on:
 - a. Please stop all exercising and dismount from any exercise equipment to answer it – you may not be on exercise equipment while on your cell phone.
 - b. Exit the gym area and take/make the call in the Patient Waiting Area.
4. The use of gym equipment may be required as part of your treatment program. Access to equipment is strictly limited to the equipment designated in your treatment program by your therapists. As treatment progresses, new equipment will be introduced.
5. Vulgar language is not permitted. Patients and people in the clinic must be treated with respect.
6. Weapons or anything that could be construed as a weapon may not be brought into the clinic.
7. If you are suspected of using or possessing illicit drugs or being under the influence of alcohol, your physician will be contacted and advised that treatment could not be provided. A warning will be given to you advising that you will be discharged if this behaviour carries on. If the individual is a minor the parent or guardian will be notified.
8. It is our policy that in the case of a medical emergency, 911 will be contacted and all means of resuscitation will be administered (unless we have been otherwise directed in writing).

I have reviewed and understand this information.

Signature of New Patient

Date

Witness