Wellness for the Body
Massage Therapy & Healing Centre

# Motor Vehicle Accident Intake

2418 Lakeshore Road West, Oakville, Ontario L6L 1H7
Phone: 905.465.4595 Web: www.wellnessforthebody.com

## Patient Information

Patient name: _____ Date of accident (month/day/year): _____/_____/_____

Auto Insurer: _____ Claim #: _____

Policy Holder name: _____ Policy #: _____

Adjustor's name & phone: _____

## Extended Health Coverage

Are you covered under an extended health plan (your own or through a spouse or parent)? □ No □ Yes

Are you currently receiving benefits from the Ministry of Health and Long Term Care (MOH)? □ No □ Yes

*Please fill out the following information for all extended health plans through which you are covered:*

Primary Extended Health Insurer: _____

Policy Holder name: _____ Policy #: _____

Coverage cycle: □ Calendar year □ Other (month/day/year) _____/_____/_____ to _____/_____/_____

Chiropractic:
Max yearly coverage $_____ Remaining coverage $_____ Max per session (% or $) _____

Massage Therapy:
Max yearly coverage $_____ Remaining coverage $_____ Max per session (% or $) _____

Secondary Extended Health Insurer**:** _____

Policy Holder name: _____ Policy #: _____

Coverage cycle: □ Calendar year □ Other (month/day/year) _____/_____/_____ to _____/_____/_____

Chiropractic:
Max yearly coverage $_____ Remaining coverage $_____ Max per session (% or $) _____

Massage Therapy:
Max yearly coverage $_____ Remaining coverage $_____ Max per session (% or $) _____

## Payment Information

Our office requires the patient to pay per session, at the time services are rendered, for the full amount of the session or block fee. Invoices will be provided in order for the patient to claim reimbursement from their insurers. Note that for Motor Vehicle Accident (MVA) claims in Ontario, the law requires extended health coverage to be exhausted before the auto insurance health benefits are accessed.

Patient Signature: _____ Date: _____