

Thank you for choosing Southmount/Halton Physiotherapy as your rehab treatment center.

FEES & PAYMENT

Current fees are as follows:

Physiotherapy Assessment – $85.00 Physiotherapy Treatment – $70.00 Yoga (1 hour session) - $80.00

Pelvic Physiotherapy Assessment - $120.00 Pelvic Physiotherapy Treatment - $80.00

Chiropractic Assessment - $85.00 Chiropractic Treatment - $45.00

Massage Therapy – 90 min $ 115.05 + HST, 60 min $75.23 + HST, 45 min $65.00 + HST, 30 min $50.00 + HST

Payments for services are the responsibility of the patient and are to be paid at each visit. If a third party payer (ie. EHB) denies or partially pays the amount billed; you are responsible for paying the outstanding amount.

**Please note: A $25.00 cancellation fee will be charged with less than 24 hours notice on any cancellation.**

**I understand the fees and payment policy**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Signature of patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Information Questionnaire**

**Your information is helpful to us; however the following 2 questions are for statistics only and are not compulsory**

|  |
| --- |
| Return Patient Yellow Pages Internet Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Friend / Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of referral |

 How did you

hear about us?

|  |
| --- |
| Referred Here Location / Hours First Clinic I called Cost Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Why did you

Choose us?

Can we email your appointment reminders to you? YES NO

If yes, please print your email address clearly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*By providing your email address, you consent to us sending you email communication with respect to appointment reminders and clinic information

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_