



All net proceeds support hospital programs.

Oakville Trafalgar Memorial Hospital

327 Reynolds Street
Oakville, ON L6J 3L7
Tel: (905) 845.9540
Fax: (905) 815.5109

Milton District Hospital

7030 Derry Road
Milton, ON L9T 7H6
Tel: (905) 876.7022
Fax: (905) 876.7005

Georgetown Hospital

1 Princess Ann Dr.
Georgetown, ON L7G 2B8
Tel: (905) 873.4598
Fax: (905) 873.4567

Agreement to Pay Extended Health Care

PLEASE READ CAREFULLY!

Work-Fit Total Therapy Centre is a fee-for-service clinic, which means your treatments are **not covered by OHIP**. You will be responsible to pay for all health care services received at this clinic, including an assessment fee of \$85.00 and physiotherapy treatments of \$55.00 per treatment (Senior's Rate available for 60+).

Payment for the initial assessment is due the day of your assessment. Subsequent payment for treatment is expected each week, or on the last treatment day of the month. **ALL ACCOUNTS SHOULD BE PAID IN FULL ON THE DAY OF DISCHARGE.** You can submit your proof of payment, along with your doctor's referral (if required), to your extended health carrier for reimbursement. You are responsible to keep track of the amount of coverage used during your treatment and for the cost of any treatment not covered by your insurance plan. Work-Fit Total Therapy does not bill directly to any extended insurance carriers.

You may pay by cheque, debit, cash or credit card (Visa, MasterCard, American Express). All payments should be made through the Work-Fit Total Therapy Centre office, either in person or by telephone (for credit card payments). If you would prefer to make monthly, automatic credit card payments, please ask the Administrative Assistant for an AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION form.

CLIENTS WITH OVERDUE ACCOUNTS WILL NOT BE ABLE TO BOOK FURTHER APPOINTMENTS UNTIL THEIR ACCOUNT IS BROUGHT UP TO DATE.

I, _____ understand and agree to the above terms, and consent to receiving assessment and treatment in the Work-Fit Total Therapy Centre.

Signed: _____ Date: _____