



## OKANAGAN HEALTH & PERFORMANCE

Family & Sports Chiropractic, Massage Therapy & Physiotherapy

104-1100 Lawrence Ave, Kelowna, BC, V1Y-6M4  
[www.ohpkelowna.com](http://www.ohpkelowna.com)

(250) 860-6295  
Fax: (250) 860-2424

### ICBC PATIENT INFORMATION

#### ON YOUR FIRST VISIT

On your initial treatment and examination, your portion of the visit fee will be \$40.00 for chiropractic or \$30.00 for massage. You will be given disability questionnaires to fill out. This is to enable us to understand how much your pain has affected your ability to manage your everyday activities. Please circle the one that most closely describes your problems right now. You will also be given an Injury Report to fill out at home. This gives a detailed report of the accident in itself as well as any symptoms that you have had since the injury.

#### ON YOUR SUBSEQUENT VISITS

On subsequent visits your portion of the visit will be \$40.00 for chiropractic or \$20 for massage. At times of re-evaluation you will be asked to fill out Oswestry forms. Again, this will describe your problems at that time, and can be used to measure your progress.

#### FEES and ICBC

ICBC pays the base portion of the fees directly to this office: the remaining is paid by you (and will be reimbursed subject to your ICBC adjuster). You should contact your adjuster to discuss payment of fees.

As each claim is different, a schedule of reimbursal is a decision that will be made by your adjuster.

Reimbursement may be given:

- whenever you take in your receipts
- at pre-arranged dollar amounts
- at the settlement of your claim

Contact your ICBC adjuster to see what will happen in your case.

ICBC may not always accept your claim. **It is the patient's responsibility to ensure the claim is accepted.** Please note that **you are responsible for any and all office fees** should your claim be rejected.

#### IF YOU WERE AT FAULT

If you have been deemed at fault in the accident your chiropractic care is still an insured service however, the exact amount of coverage may differ from the office fee. In this case the patient is responsible to make up the difference.

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Signed

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Date