# DAVID L. MACINTOSH SPORT MEDICINE CLINIC

Faculty of Kinesiology and Physical Education
100 Devonshire Place, 4th Floor. Toronto, Ontario M5S 2C9
University of Toronto (416) 978-4678

## Billing Policies
Thank you for choosing the David L. MacIntosh Sport Medicine Clinic for your rehabilitation. We specialize in the care of sport and or exercise related injuries.

**Our multi-disciplinary team includes:** Sport Physicians, Athletic Therapists, Massage Therapists, Physiotherapists, Consultants & Orthopaedic Surgeons. **This is a teaching clinic for Therapists as well as for Physicians. You may be seen by an undergraduate or post-graduate student in addition to the supervising clinician. A physician must prescribe all therapy.**

Our orthopaedic surgeons require a direct referral from one of our sport physicians. Please check with your extended health care plan to see if your treatment is covered. All members of your medical team have access to your electronic medical records (EMR). Our EMR complies with privacy legislation.

## Physician Visits
Your valid provincial health care plan will cover the cost to see one of our Sport Physicians. If you are a resident of Quebec, unless you are a current student at U of T, you will need to pay up front, and our physician will complete the 'Out-of-Province' claim form for you to submit for reimbursement.

If you are not covered by a provincial health plan, OR do not have a valid health card, you will need to pay the cost of your appointment.

**Therapy Visits /Missed Appointment/Same Day Cancellation Policy (See our posted Fee Guidline)**

**Non-Students:** Each session is payable at the time of your visit.

**Students:** All currently registered U of T students must be assessed and referred to therapy by one of our Sport Physicians.

We require **24 hours** notice for cancelling appointments, emergencies notwithstanding. If you book within the 24 hour time frame, the policy is in effect immediately.

**Lateness:** Clients are responsible for the time they reserve for their appointment. If you are late for your appointment the treatment will still end at the designated time with no change in fee.

### Methods of Payment:
We accept: **DEBIT**, **VISA**, **Mastercard**, **AMEX**, or **Cheque (No Cash)**

**Please note:**
The clinic does **NOT** accept patients with **WORKPLACE** or **MOTOR VEHICLE INJURIES.** We reserve the right to cease treatment.

All information gathered for treatment or assessment is confidential except as required or allowed by law or to facilitate diagnosis (assessment) or treatment. You will be asked to provide written authorization before we release any information. The HIC is the MacIntosh Clinic. All members of your medical team have access to your electronic medical records (EMR). Our EMR complies with privacy legislation.

## Patient’s Statement of Agreement
I verify that I have read & understood the above and agree to follow the terms and conditions outlined.

**DATE:** _______________________ **Patient Name (please print):** __________________________________ **Signature:** ______________________________

**[IF UNDER 18] Parent/Guardian Name (please print):** __________________________________ **Signature:** ______________________________

**Revised Dec 2017**