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Extended Health/Insurance Information

Extended Health Carrier: _____

Telephone Number: _____

Name of Insured Plan Member: _____

Plan Member's Date of Birth: _____

Patient's Name (if different from Plan Member): _____

Date of birth: _____ Relationship: _____

Plan, Contract or Policy #: _____

I.D. or Certificate #: _____

Physiotherapy Coverage Details:

Is there a Yearly Maximum? _____

Based on a Calendar Year or other: _____

Percentage of Coverage: 100%, 90%, 80%, other: _____

Physician/MD referral required? _____

How often is the MD referral required: 12 months, 6 months, other: _____

Is third party billing and assignment of benefits allowed? _____

Does this plan allow for online billing (Telus Health Portal eClaims)? _____