



Direct Billing

We are happy to bill directly to your insurance company, **if your plan allows**.

Your insurance company protects your privacy - we are unable to get information from your insurance company on your behalf.

In order to bill directly, we require some information from you.

Please note:

1. We can **ONLY** bill directly to your **primary** insurance provider, you will be responsible for any secondary insurance submissions.
2. **YOU** are responsible for staying within the limits of your extended healthcare plan, if applicable.

We currently can provide direct billing to the following insurance companies:

Chambers of Commerce Group Insurance

Cowan

Desjardins Insurance

Great-West Life

Industrial Alliance

Johnson Inc.

Manulife Financial

Maximum Benefit or Johnson Group

Standard Life

Sun Life Financial

Name of insurance company (Primary plan):

Group/policy/plan no:

Certificate ID no:

Name of plan holder:

Plan holder's date of birth:

Employer:

Are you covered under any other group insurance plan? (please circle) YES NO

If yes, please provide the following information:

Name of insurance company (Secondary plan):

Group/policy/plan no:

Certificate ID no:

Name of plan holder:

Plan holder's date of birth:

Employer:

Is this injury related to a workplace or motor vehicle accident? (please circle) YES NO



Direct Billing

Name: _____

Date: _____

Benefit period: _____

Coverage	Physiotherapy	Chiropractor	Registered Massage Therapy	Acupuncture	Athletic Therapy
Annual Max \$					
% per visit					
Max per visit \$					
Dr. referral required?					
Deductible?					

Coverage	Orthotics	Braces	TENS unit	Holistic Nutrition
Annual Max \$				
% per visit				
Max per visit \$				
Dr. referral required?				
Deductible?				

Signature: _____

Date: _____