

WORKSAFE CONSENT FORM

****All clients are required to give their information with asterisk (*) for WorkSafe claim submission****

(If there are any questions please call or email us – see contact info above)

FULL LEGAL NAME:* _____ **PHN:*** _____

If you suffered from a work-related injury and have contacted WorkSafeBC, you should receive a claim number. Once you have your number, we would be happy to book an appointment with our Registered Physiotherapists.

Your initial treatment will be covered by WSBC while your claim is pending for approval.

You do not need a doctor's referral to commence your treatment but we recommend you see your physician to review your injury and to determine if further medical testing is required.

PLEASE READ! IMPORTANT INFORMATION:

As long as you have a claim number, your initial treatment will be covered by WSBC. Once your claim has been approved, you are eligible for 6 weeks of physiotherapy treatments.

If your claim is denied, your appointments will be changed to regular physiotherapy treatments and you will be charged for those sessions. We will issue new receipts and if you have extended health insurance, you will be able to submit the claims to the insurer.

NOTE: Please follow up with your Case Manager if your claim is still pending. They may need to discuss your claim before approving any treatments.

CLAIM NUMBER*: _____

DATE OF INJURY*: _____

CASE MANAGER: _____

CASE MGR CONTACT: _____

****By signing below (or typing your name below if submitting electronically) you understand and agree to all the statements above. You are also consenting that Royal Treatment Therapeutics will be able to share all information related to the history, examination, assessment and management of the injury related to the accident with WSBC. ****

Client Signature*

Date Signed*