EHC Direct Billing & Express Check out

***Indicates a required field**

PAYMENT AGREEMENT

I understand that payment for services received at the clinic is my responsibility. If my treatment services are to be submitted directly to an outside agency for payment, and the claim is denied or partially paid, I am responsible for paying the outstanding amount.

*The above is not applicable for CNESST in the province of Quebec.

I acknowledge that if a 24-hour cancellation notice is not provided, I may be charged a cancellation fee up to the full cost of treatment. I also acknowledge that third party funders may not pay cancellation charges, and that I will be personally responsible for applicable fees.

☐ **I have read and acknowledged the payment information** *

EXTENDED HEALTH CARE (EHC) DIRECT BILLING

We are pleased to offer direct billing if permitted by your extended health care insurance company (EHC). To direct bill for your EHC, we require a valid credit card to be added to your file. Direct billing to your EHC on your behalf may be mandatory if your treatment is funded through a motor vehicle insurer or disability claim. Your credit card will only be charged for any balances not paid by your EHC or if payment is issued to you or a plan member instead of the clinic. Please note your credit card information is stored securely in a PCI-compliant manner. For security purposes your credit card information will be completely removed from our records upon your discharge.

☐ **I have read and acknowledge** *

EXPRESS CHECKOUT SERVICE

Payment in full is expected at time of visit, including co-payable amounts. We are a cashless environment and only accept payment cards. For your convenience, we encourage you to join our express check out service which provides an easier, faster and safer experience for you. Invoices will be prepared for you when payment is processed. Please note your credit card information is stored securely in a PCI-compliant manner. For security purposes your credit card information will be completely removed from our records upon your discharge.
**For province of Quebec: Credit card information may be stored or accessed outside of the province of Quebec.

☐ I am interested ☐ I am not interested *

Name: _____ Date: _____

Signature: _____