

# RIVER STONE

Wellness Centre

## Motor Vehicle Accident (MVA) Form

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Birthdate: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
Medical Doctor: \_\_\_\_\_  
Doctor Phone #: \_\_\_\_\_

### Prior to Treatment

You are required to provide a credit card number and any health benefits information prior to treatment.

**\*\*\* Required Information:** Your accident claim cannot be completed without ALL of the following information: **\*\*\***

#### Insurance Information

Insurance Company: \_\_\_\_\_ Policy/Claim #: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Adjuster's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Adjuster's Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have private health benefits?  Yes  No If yes please fill in the info below:

**Health benefit plan:** Company: \_\_\_\_\_ Plan/Group #: \_\_\_\_\_ ID: \_\_\_\_\_

Do you have a health spending account with these benefits?  Yes  No

Have you completed an AB-1?  Yes  No If yes please provide a copy to River Stone.

Have you had an AB-2 completed for you?  Yes  No If yes, by whom? \_\_\_\_\_

Please provide a copy to River Stone.

#### Accident Information

Date of MVA: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Location: \_\_\_\_\_

General accident details: \_\_\_\_\_

Did you see the accident coming?  Yes  No Were you wearing a seatbelt?  Yes  No

Before the accident were you looking...  straight ahead  rearview mirror  to the left  to the right

Where was your car hit? (right rear bumper, passenger side, etc) \_\_\_\_\_

Did you hit anything on impact?  Yes  No Describe: \_\_\_\_\_

Was an ambulance called for you?  Yes  No Did you go to the hospital after the accident?  Yes  No

Did a doctor assess your injuries?  Yes  No How long after? \_\_\_\_\_ Dr.'s name: \_\_\_\_\_

Did you feel any pain right after the accident?  Yes  No Did you sleep well the first night?  Yes  No

Were you prescribed medications?  Yes  No Which one(s)? \_\_\_\_\_

Did you miss any work or go on light duty?  Yes  No How long? \_\_\_\_\_

Describe your current symptoms: \_\_\_\_\_

How was your health before the accident?: \_\_\_\_\_

Have you received any other treatment for your injuries?:  Yes  No Where? \_\_\_\_\_

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### MVA Policy

Alberta residents who are an occupant of a vehicle involved in a motor vehicle accident have accident benefits insurance coverage regardless of whether or not they were at fault in the collision. To claim these benefits, the patient will require the assistance of their insurance adjuster and a primary health care practitioner – a chiropractor or a physiotherapist. At River Stone, we facilitate this process and help speed your recovery.

- Under the Diagnostic Treatment Protocols Regulation (DTPR), all patients may receive up to a maximum of 10 or 21 pre-authorized payments for treatment visits, depending on the type of injury.
- Once DTPR treatments are complete, legislation requires practitioners to bill the client unless authorized by the insurance company. Clients are also required to exhaust any extended health care benefits they have before MVA insurance payments can be made.
- River Stone provides a direct billing service to most extended health care companies. If we are unable to access your extended health care, you are required to pay for your service and submit to your benefit company and then your motor vehicle insurance company for reimbursement.

#### Please Note:

You are ultimately responsible for the cost of the treatments provided to you. If full or partial payment is immediately or subsequently denied for any reason by your MVA provider you will be required to pay any outstanding balance. **If your personal benefits are to be used before we can bill your MVA insurance company and that personal benefit company will only pay you, then you must pay for your treatments in full at the time of treatment and then collect from both your insurance companies.** River Stone makes every effort to confirm information and eligibility and tracks this information as accurately as possible to eliminate potential claims being denied.

#### Client Consent:

I understand that if I have an appointment for which I do not show up, River Stone may charge me a \$50 no-show fee. I understand that I am responsible for payment of treatments in the event that there are any shortages or non-payments by my insurance company. I authorize River Stone Wellness Centre to keep my credit card on file to cover the cost of any non-payments by my insurance company. I understand that River Stone will send a copy of the invoice and any payment information directly to my email address on file.

The primary care practitioner met with me, the client, to discuss my medical history. I understand the nature, benefits, potential risks, alternatives and consequences and agree with the outcome of this discussion and treatment. I give consent for my treatment notes to be available to all health care professionals at River Stone Wellness Centre.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# RIVER STONE

## Wellness Centre

### **MVA FAQs and General Info**

If you have been injured in an automobile accident in Alberta as a driver or passenger, you are entitled to accident benefits coverage regardless of whether or not you were at fault in the accident.

You do not need a doctor's referral before attending River Stone Wellness Centre. We have excellent primary care providers (Physiotherapists and Chiropractors) who can recommend a treatment plan specifically designed to treat your injuries. Your treatment may include a combination of physiotherapy, chiropractic, massage, acupuncture, or other treatments. Sometimes it is necessary to refer you to other medical professionals for treatment as well.

#### **How do I receive treatment?**

Within 10 days of the collision:

1. File an injury accident report with the police.
2. Ensure that the accident has been reported to your motor vehicle insurance provider. Within 10 days of your collision Complete submit to to your insurer an AB-1 Form--Notice of Loss and Proof of Claim Form--and choose to follow the *Diagnostic and Treatment Protocols* (DTPR).
3. If there are any immediate medical concerns, please see your doctor to ensure there are no contraindications to starting treatment.
4. Fill out the River Stone MVA intake forms\*.
5. Seek treatment from a *Primary Health Care Provider* (PHCP): physiotherapist, chiropractor or physician. Your PHCP does not need authorization from your insurer but they do need to set up your account and information in order to ensure efficient management of your claim. You may begin treatment immediately, and your motor vehicle insurance company will be billed directly.

\*All forms are available at River Stone and on our website.

#### **What benefits am I eligible for?**

According to the Alberta Insurance Act (October 1, 2004), the post motor vehicle accident benefits you receive depend on the type of injury you have.

## **MVA General Information continued**

### **WAD I or WAD II (Sprain, Strain or a Whiplash Associated Disorder)\***

1. All patients who qualify for the DTPR can receive up to a maximum of 21 pre-authorized payments for treatment visits, depending on the type of injury. These pre-authorized treatments must be completed within 90 days of the date of the accident.
2. The 21 treatments allocated within MVA treatment protocols can be used more quickly if the treatment of more than one body part is required. One treatment unit is designated per body site which may change the number of sessions covered.
3. If the initial set of treatments are insufficient to address your injuries you can still access benefits covered under other plans or under the Section B benefits of your automobile policy, however you must exhaust any available extended health benefit coverage that you may have before submitting a claim to your insurance company. In practice, this means that we submit each treatment to your health benefit plan and bill any outstanding balance to your insurance company.

\*The limit on your total medical benefits under Section B including physiotherapy is \$50,000. Please note that your insurer may at any time request a formal medical assessment or once \$600 of Section B benefits of physiotherapy has been utilized.

### **Let River Stone Wellness Centre Help You Today**

We understand that your accident may have left you injured and in pain, and that it can be a very stressful time for you. Our friendly administrative staff will help guide you through the Diagnostic & Treatment Protocols Regulation and insurance claim process and our interdisciplinary clinical team will personalize your treatment plan to help improve the speed and quality of your recovery.

In order to get the most out of your treatments it is important to attend your scheduled appointments. Non-attendance of three appointments may result in termination of your treatment benefits. A non-compliant status is at the discretion of your primary health care provider and your insurance company.

In order to provide the best treatment experience to all our clients, River Stone requires that you have a credit card on file. We will only bill your card if you miss your appointment or if you have unpaid overages.

**Part 7: Choice in Following Diagnostic and Treatment Protocols Regulation**

Please state whether you choose to be treated within the Diagnostic and Treatment Protocols Regulation.

I choose to be treated within the Diagnostic and Treatment Protocols Regulation as indicated on Form AB-1 (Notice of Loss and Proof of Claim).

I choose **not to** be treated within the Diagnostic and Treatment Protocols Regulation.

I certify that the information provided is true and correct to the best of my knowledge. I confirm that I have consented to the collection, use and disclosure of my personal information for my treatment and care and determination of my eligibility for accident and/or disability income benefits as outline on Form **AB-1** (Notice of Loss and Proof of Claim).

I am the claimant, OR  I am the Authorized Representative of the claimant.

\_\_\_\_\_ Name \_\_\_\_\_ Date (dd-mm-yyyy) \_\_\_\_\_ Signature

This Section to be Completed by Claimant / Authorized Representative or a Primary Health Care Practitioner		
Insurance Company		Policy Number
Date of Accident (dd-mm-yyyy)	Full Name of Claims Representative	Claim Number

**Please forward this form to the Insurance Company.**

# RIVER STONE

## Wellness Centre

### Authorization for the Release of Clinical Information & Reports to River Stone

#### Patient Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

#### Authorization:

I hereby authorize \_\_\_\_\_

to release \_\_\_\_\_

to **River Stone Wellness Centre.**

I understand why I have been asked to disclose my information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my information. I understand I may revoke this consent in writing at any time. Collection, use, disclosure, security, and retention of information is subject to and in compliance with the *Freedom of Information and Protection of Privacy Act*.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Please note that the information contained in this transmittal is personal and confidential. It is intended solely for the use of the individual or the entity named above. Please be advised that any reading, copying, disclosure, appropriation or dissemination of the content of this transmission by anyone other than the named recipient be strictly prohibited. If you have received this communication in error, please notify us at 780-705-2445. Thank you.

# RIVER STONE

## Wellness Centre

### **Authorization for the Release of Clinical Information & Reports to another Clinic, Organization or Lawyer**

#### **Patient Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

#### **Authorization:**

I hereby authorize **River Stone Wellness Centre**

located at #312 14127-23 Ave NW, Edmonton, Alberta.

to release all my clinical notes to:

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I understand why I have been asked to disclose my information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my information. I understand I may revoke this consent in writing at any time. Collection, use, disclosure, security, and retention of information is subject to and in compliance with the *Freedom of Information and Protection of Privacy Act*.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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