


## Intake form — Sample Sample

You are completing the intake form: **Direct Billing Information & Authorization Consent Form \*\*** for **\*\*Sample Sample**

 You're completing the intake form as a staff member.

### Section 1

 Only staff members can edit this information on an intake form.

**First Name** – Required

Sample

**Last Name** – Required

Sample

**Email** – Required

Email Address

Please provide at least one phone number. Your mobile number can be used to look up your Account and receive text message appointment reminders.

**Date of Birth** – Required

**Gender**

*Refers to current gender which may be different than what is indicated on your insurance policies or medical record.*

**Sex** – Required

*This field may be used for submitting claims to your insurance provider. Please ensure the sex you provide here matches what your insurance provider has on file or what is indicated on your medical record.*

**Personal Health Number**

**Guardian**

**Who were you referred to?**

Body Mechanics Massage Therapy LTD

### Section 2

applicable, please check off and provide the following claim numbers – Required

ICBC Claim #

NONE

### Primary Insurance Coverage

What is your role under this insurance policy? – Required

- Insured Member
- Spouse
- Child
- Common Law Partner
- Full-time Student
- Part-time Student
- Handicapped/Disabled Dependent

Plan Member Name – Required

Plan Member Date of Birth – Required

Plan Policy Number (also known as the contract or group number) – Required

Plan Member Certificate or Identification Number – Required

### Secondary Insurance Coverage

What is your role under this insurance policy?

- Insured Member
- Spouse
- Child
- Common Law Partner
- Full-time Student
- Part-time Student
- Handicapped/Disabled Dependent

Secondary Coverage Insurer

Plan Member Name

Plan Member Date of Birth

Plan Policy Number (also known as the contract or group number)

Plan Member Certificate or Identification Number

Please be aware that we can not guarantee direct billing for every treatment due to issues with individual benefits plan. Problems with submission portal or clinic logistic considerations may occur without notice. If we are direct billing on your behalf and only a portion of your treatment is covered we may arrange for one of the following forms of payment: E-transfer payable directly to your therapist, please consult with your Practitioner for their email, payment with our secure tap option or require a credit card on your profile.

In case of unforeseen complications with the insurance company we will contact you as soon as possible.

Note, all transactions are conducted by the Therapist inside the treatment room.

Unfortunately, we are not accepting cash or checks at this moment.

Thank you for your cooperation and understanding!

## Section 3

### Email Communication

#### Transactional Emails

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

- I would like email notifications of new, cancelled, and rescheduled appointments
- Phone Call 2 days before appointment
- Text Message (SMS) 4 hours before appointment
- Email 2 days before appointment
- Text Message (SMS) 24 hours before appointment

### Direct Billing Information & Authorization Consent Form — Consents

#### Accuracy of Information

- I certify that the above medical information is correct to my knowledge. – *Required*

#### Privacy and Sharing of Information

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

- I agree – *Required*

#### Cancellation policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee.

- I am aware of the Cancellation Policy. – *Required*

Continue

(<https://jane.app>)

