

**I have physiotherapy coverage through my work benefits. Do you bill the insurance company directly?**

No, it will be the patient's/client's responsibility to submit requests for reimbursement to their extended healthcare benefits plan.

Direct billing is only available for WSIB, Motor Vehicle Insurance claims, and publicly funded services.

**What are the patient options?**

Patients/clients will be invoiced for appointments on a monthly basis. Payments are required upon receipt of the invoice in order to continue receiving physiotherapy services.

Payments will be handled at the hospital front reception desk, between 8:00am and 3:00pm. Accepted methods of payment are by cash, debit, credit card or cheque.

If you have missed an appointment, a second appointment will not be scheduled until payment for the missed appointment has been received.

**Hours of Operation:**

The Physiotherapy Department is open from 8:00am until 4:00pm Monday to Friday.

The department is closed on weekends and statutory holidays.



*Physiotherapy Department*



**Commencing April 1, 2019  
HSRFH will be privatizing its  
Physiotherapy Services.**

### What does private physiotherapy services mean?

It means that unless you eligible for publicly funded physiotherapy, the following fees will apply to your visits:

Initial assessment	\$75.00
Follow-up appointments with the Physiotherapist	\$40.00
Follow up appointment with Physiotherapy Assistant	\$30.00
Missed follow up appointment	\$20.00

### What is public funded physiotherapy?

Publicly funded physiotherapy is based on an Episode of Care Model. This means that the funding is provided to cover a course of treatment instead of individual visits. A course of treatment consists of assessment, treatment and discharge. As of January 13, 2014 publicly funded physiotherapy is provided to patients/clients who meet certain criteria.

### Who is eligible for publicly funded physiotherapy?

To be eligible for publicly funded physiotherapy services, a person must:

- be referred by a physician or nurse practitioner based on the findings of an assessment that the person requires physiotherapy services,
- be an OHIP insured person under the Health Insurance Act, and
- be 19 years or younger, or 65 years and older.
- recently discharged as an inpatient of a hospital, and in need of physiotherapy services that are directly connected to the condition, illness or injury for which the person was admitted to the hospital,

OR

- be referred by a physician or nurse practitioner, based on the findings of an assessment that the person requires physiotherapy services and be eligible for funding of services under the Ontario Disability Support Program (ODSP) or Ontario Works program.

### Do I need a physician's referral to access physiotherapy?

No you do not need a physician's referral to access private physiotherapy services.

However, if you have extended healthcare benefits through your workplace, your insurance company may require a referral for reimbursement of treatment costs.

Yes if physiotherapy services are required for a Workplace Safety Insurance Board (WSIB) injury, a motor vehicle insurance claim, or for publicly funded physiotherapy.

### How does the waiting list work?

The Physiotherapy Department receives a large amount of referrals daily; these referrals are triaged according to the severity and onset of injury. Appointments are provided to the most acute patients/clients, and others are placed on a waiting list.

