



BEDFORD ORTHOPAEDIC HEALTH CENTRE-
 200-1093 Bedford Highway
 Bedford, NS B4A 1B7
 Tel#: 902.835.1932
 Fax#: 902.832.1374

OSTEOPATHY INTAKE

PRIVATE INSURANCE COVERAGE

The fees for osteopathy are not covered by the provincial medical plan, MSI. Most health insurance plans such as Blue Cross & Great West Life, reimburse all or a percentage of the cost. However in most cases we are not permitted to bill them directly. **(Medavie Blue Cross DOES allow us to direct bill for osteopathy).** Plans vary considerably so **PLEASE CHECK YOUR PLAN TO DETERMINE THE AMOUNT OF COVERAGE YOU HAVE AND THE TERMS OF YOUR REIMBURSEMENT (including any customary charges if applicable).** Some plans require a referral by a physician. Upon payment we will issue an official receipt for you to submit to your insurance carrier for reimbursement.

TREATMENT FEES

The fees for Osteopathy are available at the front desk.

Payments may be made by cash, cheque, MasterCard, Visa or debit after each visit, or at the end of the week

PATIENT INFORMATION

Name: _____ Gender: _____ Date of Birth : _____
 Address: _____ City/Province: _____
 Postal Code: _____ Home Tel#: _____
 Work Tel#: _____ Cell#: _____
 E-mail: _____ Health Card # _____
 Area of Treatment : _____ Date of Onset: _____
 Referring Physician: _____ Family Physician: _____
 Type of Medical Plan: _____

Other Health Related Issues? Please circle the following relevant to your health.

- | | | | | |
|---------------------|-----------|----------------------|---------------|-------------------|
| High Cholesterol | Diabetes | Heart Problems | Allergies | History of Cancer |
| High Blood Pressure | Epilepsy | Fracture Pins/Plates | Pacemaker | Pregnant |
| Fainting | Dizziness | Infections | Bowel/Bladder | Sensitivities |
| | | | | Other: _____ |

Are you taking any medications? _____

Any X-rays taken related to the referral? _____

Are there any related surgeries? _____

What is your occupation? _____

What are your recreational or sported related activities? _____ (turn page)

Emergency Contact: _____

Tel#: (Day) _____ - _____

(Evening) _____ - _____

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