

**Treatment Confirmation and Consent Form**

If ICBC accepts your claim, it will pay the reasonable expenses you incur for necessary chiropractic treatment in one of two ways:

1. If you decide not to participate in the lump sum payment model described in section 2 below, ICBC will pay \$22.27 for the initial chiropractic visit and \$17.35 per subsequent treatment and you will be responsible for any additional fees charged by a chiropractor.

**OR**

2. ICBC will pay a lump sum directly to your chiropractor and you will not be charged any additional fees regardless of the number of necessary treatments. The following terms and conditions apply to this method of payment:

- If you want to change chiropractors, you must do so within two weeks from the day of your initial visit and before your second treatment. If you elect to change, you must advise your ICBC adjuster immediately. After the two-week period, all your chiropractic funding from ICBC for this claim will have been allotted to the initial chiropractor and ICBC will not pay for treatments received from any other chiropractor.
- Your chiropractor will provide all necessary chiropractic treatments relating to your injury from the motor vehicle accident and manage your treatment plan.
- Your chiropractor will, from to time, communicate the status of your treatment plan to your ICBC adjuster. *(Section 28 of the Insurance (Vehicle) Act authorizes ICBC to obtain a report as often as requested, from the treating chiropractor, even without the patient's authorization.)*
- It is important that you attend all your appointments. If you are not able to attend, you are required to call the chiropractor's office 24 hours prior to the appointment. Missing two treatments in a row or four treatments within a course of treatment with no good reason will result in a discharge from care. You will not have access to further chiropractic funding for this claim
- Your treatment will continue until you are recovered to pre-accident status, or when you have reached a level of maximal medical recovery.

Please circle the funding option of your choice. If you want to participate in the lump sum payment model described in section 2 above, please sign below to indicate your agreement with both ICBC and your chiropractor that:

- I agree to the terms listed above, and consent to my chiropractor providing ICBC with information relevant to my claim.
  - I acknowledge that I have not been treated by another chiropractor for this claim
- OR**
- I have visited another chiropractor for this claim.

**Name of chiropractor:** \_\_\_\_\_ **Date(s) of Visit (s)** \_\_\_\_\_

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Collection of information by or on behalf of ICBC under this form is in accordance with Section 26 of the Freedom of Information and Protection of Privacy Act and Section 9 of the Insurance Corporation Act. This information will be used primarily in the evaluation and settlement of your current claim. There is also a possibility it will be referenced on future claims you may have. Questions about this collection of personal information should be directed to your adjuster.