Worksafe and ICBC Claimant Treatment Cost Agreement Form

Registered Massage Therapist Information (the "Therapist"):

First Name		Last Name	
Mobile Phone		Home Phone	
Address			
City / Prov.		Postal Code	

Client Information (the "Client"):

First Name		Last Name	
Mobile Phone		Home Phone	
Address			
City / Prov.		Postal Code	
Date of Birth			

As an injured person I have the right to choose my healthcare provider. I am choosing to receive Registered Massage Therapy from this Therapist who is not an ICBC or Worksafe provider.

I hereby agree that I will be responsible for the full treatment fees billed to me at the time of my treatment. I understand that no other insurance provider can be direct billed by my Therapist for treatments while my claim is open. There is no guarantee that ICBC or Worksafe, or any other insurance provider will reimburse any or all amounts paid for services rendered.

I currently have an open claim with: ☐ ICBC ☐ Worksafe _____
Province / Territory

My claim number is: _____

Client/Guardian Signature: _____ Therapist Signature: _____

Legal Guardian Name: _____
(in case of minor)

Date Signed: _____ Date Signed: _____