

**PRIVATE MEDICAL INSURANCE DETAILS**

<b>Name of the private medical insurance provider</b>	
<b>Member's name and address</b>	
<b>Member's date of birth</b>	
<b>Membership number</b>	
<b>Authorisation number for this course of treatment</b>	
<b>The body part/ condition being treated</b>	
<b>Name of referring doctor</b>	

Each health insurance policy is different so we advise patients to check with your insurer that you are eligible to claim for any physiotherapy treatment before you attend for treatment and that you are clear about any conditions that are in place. These can include, but not limited to the need for a doctor's referral, any excess that you may need to pay, the number of sessions that are paid for, the amount that can be claimed for each session etc. The insurance company may provide you with an authorisation number. It is the patients sole responsibility at all times to ensure continued cover and to let Integrated Health know if their cover expires. Any excess or shortfall in cover is the responsibility of the patient and where an account is not settled in full by the insurance company the patient will be liable for the shortfall. I accept and acknowledge that I am liable for the payment of services received and that, I, the patient will remain responsible for all amounts due for a treatment not settled for whatever reason by the insurer.

Patient name: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_