

Serenity Health & Wellness

6019 199 Street
Edmonton, AB T6M 0M8

MVA – Motor Vehicle Accident (on or after October 1, 2004)

If you have been involved in a motor vehicle accident and are injured as a result, you must report your injuries to the MVA insurance company of the vehicle you were in at the time of the accident. The insurance company will then send you a package of forms: Notice of Loss and Proof of Claim Form (Form AB-1), Claim and Disability Benefits (Form AB-1a), and Treatment Plan (Form AB-2). These forms must be filled out by yourself and your chiropractor and must be faxed back to your insurance company within 10 business days of the date of your accident. Please note that we are able to fax these forms to your MVA insurance company for you.

If you fall within the protocol, your insurance company will allow direct billing for 10-21 treatments. We will send the invoices to your MVA insurance company for you. Please note longer treatment approvals can be granted if deemed necessary. If you fall outside of the protocol and you have extended health benefits, this becomes your primary coverage. We will bill your extended health benefits first and the remaining portion will then be covered by your MVA insurance.

I (_____) hereby authorize

1. **Serenity Health & Wellness** to release any of my medical information to my Insurance Company / Employer / Physician / Lawyer or their representatives.
2. To contact my extended health insurance company so that they may find out if I have any extended health coverage for physiotherapy treatments (if applicable).
3. I also sign below in acknowledgement that I have read and understand the above and that I am fully responsible for ensuring that payment of treatments are paid in full to **Serenity Health & Wellness**.

DATE AT EDMONTON, AB THE _____ DAY OF _____, 2011

PATIENT

WITNESS

