

**Direct Billing Information:**

Eramosa Physiotherapy Associates strives to offer convenient invoicing for our clients. There are a growing number of insurance companies that have direct billing set up for physiotherapists. EPA is currently able to invoice directly to:

**Green Shield  
 Industrial Alliance**

**Blue Cross**

**Sunlife**

**Johnson Inc  
 Great West Life**

Your insurance company protects your privacy, and as a result **we are not able to access information about your coverage.** You should speak to your company about the details of your plan, as every insurance plan/policy is unique and may have maximums per treatment and/or calendar year.

EPA electronically submits your invoices monthly and only at that time would we find out about treatment limits being exceeded. This could result in a delay of 30 days before we can inform you any billing concerns. As a result, we strongly urge you to look into the details of your coverage.

- Sometimes, problems are encountered when billing directly to insurance companies and we cannot guarantee that even though you have one of the above mentioned insurance companies that we will successfully be able to invoice directly on your behalf.
- Usually insurance companies will pay us directly but in some cases they will pay you directly. They do not however tell us that when we invoice so please check with your insurance company as to whether or not they pay us or you. If they pay you then please notify the clinic so we can send you an invoice.
- EPA is only able to invoice directly to your primary insurance company. If you have more than one extended health plan you will need to submit to the secondary insurance plan once you receive an invoice from EPA.
- Once EPA receives payment from your extended health care company, we will mail you an invoice directly for any co-amount that remains outstanding.
- EPA Associates will do their best to inform you of your insurance status but remember that we have limited access to your personal insurance information and that it is your responsibility to keep track of your own insurance coverage and usage.

**By signing below, I understand that Eramosa Physiotherapy will invoice my insurance company on my behalf but that it is my responsibility to check into and track physiotherapy coverage offered by my extended health care plan**

\_\_\_\_\_  
**Client's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

Signature of Parent/Guardian consenting to assume financial responsibility if client is under age 18