



ICBC CONSENT FORM

Services we can direct bill to ICBC: Massage Therapy, Physiotherapy, Chiropractic Care, Kinesiology, Acupuncture and Counselling *Please note a doctor's referral may be required*

PATIENT INFORMATION:

First Name: _____ Last Name: _____

Date of Birth(yyyymmdd): _____ Gender: _____

ACCIDENT INFORMATION:

Date of Accident: _____

Claim Number: _____ Claim End Date: _____

Adjusters Name: _____ Adjusters Phone Number: _____

Adjusters Email Address: _____

ADDITIONAL CLAIM INFORMATION:

Do you have a lawyer assisting you with this ICBC claim? Yes or No

Lawyers Name: _____ Email Address: _____

Have you received treatment at another clinic regarding this ICBC claim? Yes or NO

If Yes, please fill out the clinic's information below:

Name: _____ Phone Number: _____

Type of Treatment(s): _____ Number of sessions: _____

****Please note: If you are in an open ICBC claim and have extended health, we are unable to bill the company directly. The patient must submit the claim themselves****

I hereby give my permission to Acacia Health to direct bill ICBC on my behalf. In the event my claim(s) are declined by ICBC, I understand that I remain responsible for payment to the Provider for any services rendered.

Date: _____ Signature: _____

Print Name: _____