Direct Billing for Extended Health Care

Muscle Matters

Please print clearly.

Select your insurance company

- ☐ Chambers of Commerce
- ☐ Cowan
- ☐ CINUP
- ☐ Desjardins
- ☐ First Canadian
- ☐ Great-West Life
- ☐ Industrial Alliance
- ☐ Johnson Insurance
- ☐ Manulife
- ☐ Johnston Group
- ☐ Sun Life
- ☐ Maximum Benefit

Client Information

Full Name

Date of Birth

Policy #

Member ID

Are you the primary insured member on this plan?

☐ Yes ☐ No

Your relationship to the primary insured member

☐ Spouse ☐ Child ☐ Domestic Partner

☐ Part-time Student ☐ Full-time Student

Primary insured member's full name

Are we treating injuries caused by an accident?

☐ Yes ☐ No

Type of accident

☐ Motorvehicle ☐ Workplace ☐ Other

Date of accident (YYYY/MM/DD)

Do you have a ***physician's*** prescription/refferal for massage therapy?

☐ Yes ☐ No

Physician's name

I authorize Muscle Matters to direct bill my insurance company for my massage therapy treatments. I also understand that if for any reason my insurance company refuses payment, I am required to pay for these treatments. I recognize that the clinic's cancellation policy will not be waived due to insufficient benefits.

Signature Date