



ICBC Claims Information

Client Name (please print): _____

Date of accident: _____ / _____ / _____
(Year / Month / Day)

ICBC Claim #: _____

ICBC Adjuster Name: _____ Law Firm: _____

ICBC Adjuster's Phone: (____) _____ Law Firm Address: _____

ICBC Adjuster: _____ Lawyer's Name: _____

ICBC Adjuster Phone: (____) _____ Lawyer's Phone: (____) _____

GP Referrers Name: _____

Have you submitted all paperwork to ICBC? Yes No

Do you have an ICBC approval letter? (CL300A Form) Yes No

I _____ hereby allow Parkway Physiotherapy + Performance Centre to charge my Credit Card # in the event that ICBC refuses physiotherapy funding. Parkway Physiotherapy + Performance Centre will notify you of these charges if applicable.

NAME ON CARD: _____

CREDIT CARD # VISA/MC : _____ **EXPIRY DATE:** _____

SIGNATURE: _____

This section for office use only:

- PHN entered in CM
- Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____
Initial treatment (Day / Month / Year) (Day / Month / Year)
- ICD9 Code
- Lawyer notification by telephone that patient is attending Parkway
- No contact with ICBC whatsoever Allow Billing & Ext. info. Only