

PHYSIOTHERAPY DEPARTMENT

FREQUENTLY ASKED QUESTIONS

1. WHAT ARE THE DEPARTMENT HOURS OF OPERATION:

The Physiotherapy Department is open from 8:00 to 17:00 Monday to Thursday and 8:00 to 16:00 on Fridays. The department is closed on statutory holidays and on weekends.

2. DO I NEED A DOCTOR'S REFERRAL TO ACCESS PHYSIOTHERAPY?

- No, you do not need a doctor's referral to access private Physiotherapy services. However, if you have extended healthcare benefits through your workplace, your insurance company may require a referral for reimbursement of treatment costs.
- Yes if Physiotherapy services are required for a Workplace Safety Insurance Board (WSIB) injury, a motor vehicle insurance claim or for public funded Physiotherapy.

3. WHAT IS PUBLIC FUNDED PHYSIOTHERAPY?

Public funded Physiotherapy is based on an Episode of Care model. This means that funding is provided to cover a course of treatment instead of individual visits. A course of treatment consists of assessment, treatment and discharge. As of January 13, 2014, publicly funded Physiotherapy is provided to patients/clients who meet certain criteria.

4. WHO IS ELIGIBLE FOR PUBLIC FUNDED PHYSIOTHERAPY?

To be eligible for publicly funded Physiotherapy services, a person must, for each Episode of Care:

- be referred by a Physician or Nurse Practitioner based on the findings of an assessment that the person requires Physiotherapy services, be an OHIP insured person under the Health Insurance Act and be within one of the following categories:
 - aged 65 years and older;
 - aged 19 years and younger; or
 - recently discharged as an inpatient of a hospital and in need of Physiotherapy services that are directly connected to the condition, illness or injury for which the person was admitted to the hospital.

OR

- be referred by a Physician or Nurse Practitioner based on the findings of an assessment that the person requires Physiotherapy services and be eligible for funding of services under the Ontario Disability Support (ODSP) or Ontario Works programs.

5. WHAT ARE THE COSTS OF PRIVATE PHYSIOTHERAPY AT SENSENBRENNER HOSPITAL?

- Initial assessment: \$75
- Follow-up with Physiotherapist: \$25 for up to 20 minutes, \$50 for up to 40 minutes.
- Acupuncture treatment: \$50
- Follow-up with Physiotherapy Assistant: \$25 for up to 30 minutes.
- Missed initial assessment: \$50
- Missed follow-up visit: \$20

6. I HAVE PHYSIOTHERAPY COVERAGE THROUGH MY WORK BENEFITS. DO YOU BILL THE INSURANCE COMPANY DIRECTLY?

No, it will be the patient's/client's responsibility to be reimbursed by their extended healthcare benefits plan. Direct billing is available only for WSIB, Motor Vehicle Insurance claims and public funded services.

7. WHAT ARE THE PAYMENT OPTIONS?

Patients/Clients must pay on same day services are received. Payments will be handled at the hospital front reception desk between 08:00 and 15:30. Accepted means are by cash, debit, credit card or cheque. Appointments held after 15:30 must be paid by credit card or cheque only.

If you have missed an appointment, a second appointment will not be scheduled until payment for the missed appointment has been received.

8. HOW DOES THE WAITING LIST WORK?

The Physiotherapy Department currently receives a large amount of referrals daily. The doctor's referrals and the private patient's/clients' self-referrals are triaged according to the severity and onset of injury. All referrals are then kept on a waiting list and appointments are provided to the most acute patients/clients.