

Wellness Assistance Program
Reflexology/Massage Therapy/Aromatherapy
Prior Approval Form

Please complete this form, along with a date and signature and forward to the attention of: Joanne Pine, Community Health Representative
by mail: Curve Lake Health Centre, Curve Lake ON KOL 1R0
by fax: (705) 657-3067
by email: jpine@curvelakehealthcentre.com

CLIENT CONTACT INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address (optional): _____

Status Number: _____

Are you eligible for Massage Therapy, Aromatherapy and/or reflexology coverage under third party insurance?
(ie; work insurance, disability etcetera) YES or NO

By signing this form, the client agrees that the information provided is correct and will only be reimbursed (according to the schedule of fees) once original receipts are provided to the CHR. The client is also responsible for paying any costs that are above the schedule of fees listed below. Should third party insurance become available or made known to cover reflexology, the client will no longer be eligible to receive reimbursement for reflexology services. Reimbursement will not be provided for missed appointments and/or cancellation fees. Should it be made known that the client is not attending their scheduled appointment, the client may become ineligible for preapproved reimbursement.

Client Signature

Date

OFFICE USE ONLY: To be completed by CHR

The above mentioned client has been approved to be reimbursed for the following:

- _____ sessions (up to \$42.00 per hour session) YES or NO

The above mentioned client has been denied for the following reason _____