MOTOR VEHICLE ACCIDENT (MVA) PROCESS ACKNOWLEDGEMENT FORM

Before massage treatment can begin, clients involved in motor vehicle accidents must complete the following paperwork, and undergo an assessment by a 'Primary Healthcare Provider', such as Physician, Physiotherapist, or Chiropractor.

Furthermore, and prior to completing forms and assessment, clients must have already reported their accident to their motor vehicle insurance company within 10 days of the date of accident.

Paperwork -

AB1 - Notice of Loss and Proof of Claim
AB2 - Treatment Plan (to be completed by client's Primary Healthcare Provider)
Effect Therapy - MVA Process Acknowledgement Form (this document)
Effect Therapy - Client Intake (if not already a client)
Effect Therapy - Client Intake - MVA - Additional Information Form

Assessment -

An assessment to diagnose client's injury as either a Sprain/Strain, or Whiplash Associated Disorder (WAD Injury), must be completed by a physician, physiotherapist, or chiropractor, acting as your Primary Healthcare Provider. This type of assessment is outside the scope of practice of a massage therapist and therefore cannot be completed at Effect Therapy.

Your injury will be classified by your Primary Healthcare Provider (physiotherapist, chiropractor, or physician) as a sprain/strain or WAD (whiplash-associated disorder) 1, WAD 2, WAD 3, or WAD 4 depending on the injury. WAD 1 and WAD 2 are most common for any injuries involving the neck, mid back, or lower back.

Under the Alberta Legislation for "In protocol WAD 1" you are entitled to 10 visits to use within 90 days after the accident; for "In protocol WAD 2" you are entitled to 21 visits to use within 90 days of the accident. After 21 visits, or 90 days, you are considered "Out of Protocol".

In most cases, for "Within Protocol" cases, we can directly bill your motor vehicle insurance company for your treatments within the first 90 days of your accident. After your 10-21 visits, or when you have reached your 90 days, the billing process changes. At this time, it will be your own responsibility to bill your insurance company (should they choose to provide you with more coverage).

Acknowledgement -

Name_____ Signature_____ Date_____