



How the MVA PROCESS Works

* Car accidents are a pain – Don't let your recovery be one! *

Date of Accident – within 90 days after accident:

- Report your injuries to your motor vehicle insurance. In Alberta you go through the insurance company that insures the vehicle you were in when the accident occurred.
- Provide us the name of your insurance company, bodily injury adjuster, their contact information and your bodily injury claim number.
- Fill out AB-1 form which must be submitted to your insurance company within 10 days of the accident. We can will provide you with this form.
- A physiotherapist, chiropractor or physician is required as first reporter to assess you and determine a treatment plan for your injuries. At some point during your treatment your physiotherapist may also recommend massage therapy for you particular injuries in addition to the hands-on physiotherapy treatment they provide. They will discuss the treatment plan to work towards your common goals for recovery.
- In most cases we can directly bill your motor vehicle insurance for your treatments within the first 90 days of your accident. The first visit will be an assessment performed by a physiotherapist combined with a treatment. Your injury will be classified by the physiotherapist as a sprain/strain or WAD (whiplash-associated disorder) 1, WAD 2, WAD 3 or WAD 4 depending on the extent of the injury. WAD 2s are the most common for any injuries involving the neck, mid back or lower back. A report will be then sent to your adjuster and treatment can start right away.
- Under Alberta legislation for “In Protocol WAD 2” you are entitled to 21 visits to use within 90 days of the accident. This can include physiotherapy and massage. The first 7 visits (physiotherapy and massage) are billed at a single full rate. After the initial 7 visits (of physio and massage combined) billed time of each physiotherapy visit decreases in half according to Alberta legislation. At this point two physiotherapy visits are booked together in order to give you the same amount of treatment time to be able to treat all of your injuries to get you better as quick as possible. This means that after your first 7 visits, each physiotherapy visits counts as 2 towards your 21 visit total. You have 90 days to use these 21 visits, so even if you haven’t used the full 21 but your 90 days is up, this is the end of your “in-protocol” treatment. After 21 visits or 90 days, you are now considered “Out of Protocol”. Read below in the *After your 21 visits* section to see how this works.



After your 21 visits or over 90 days after accident:

-If your physiotherapist requests further treatment (an extension out of protocol) after your 21 visits have been completed, or you've reached your 90 days, the billing process changes. As per Alberta law you must use and exhaust your own extended health care benefits (your own, spouse/partner plan or parent plan) before your motor vehicle insurance will pay for your treatment. Your physiotherapist will be in contact with your adjustor to request an extension and they will inform you of how many visits they've asked for. If they request more massage therapy, the insurance company will only pay for \$250 over and above what your benefits will cover and they will only pay out this cap once. Any questions about this or compensation should be directed to your adjuster. You can find the legislation at http://www.finance.alberta.ca/publications/insurance/info_consumer_auto.html

“2 Year Rule”

-You have 2 years from the date of the accident to re-open the claim and come back for treatment, provided you haven't received a monetary settlement. If you received a monetary settlement to close the claim then this 2 year rule no longer replies.

-If you find down the road that the pain from the accident has returned or is getting worse you'll need to contact your adjustor to let them know you want to go back to physiotherapy. We will still need all of the information about your claim listed in the beginning of this document. You are now considered "out of protocol" and these rules apply. We will contact your insurance company to see if they will pay for the initial assessment and to get approval for billing. The physiotherapist will assess you and recommend a treatment plan which will be sent to your adjustor for approval. Follow up treatments have to go through your personal benefits first before we can bill the remainder to your insurance company.

Change your current or recommended provider to us:

-You have the right to choose where you want to receive your treatment. If you have been attending or recommended to another facility and want to move to ours to continue treatment you must inform your adjustor of your wish to do so. You will need to inform us how many treatments you have received. You may also have to pay to have your file transferred depending on the policy of the clinic you were previously attending. Any costs you incur that a third party funder will not cover are your responsibility to pay.