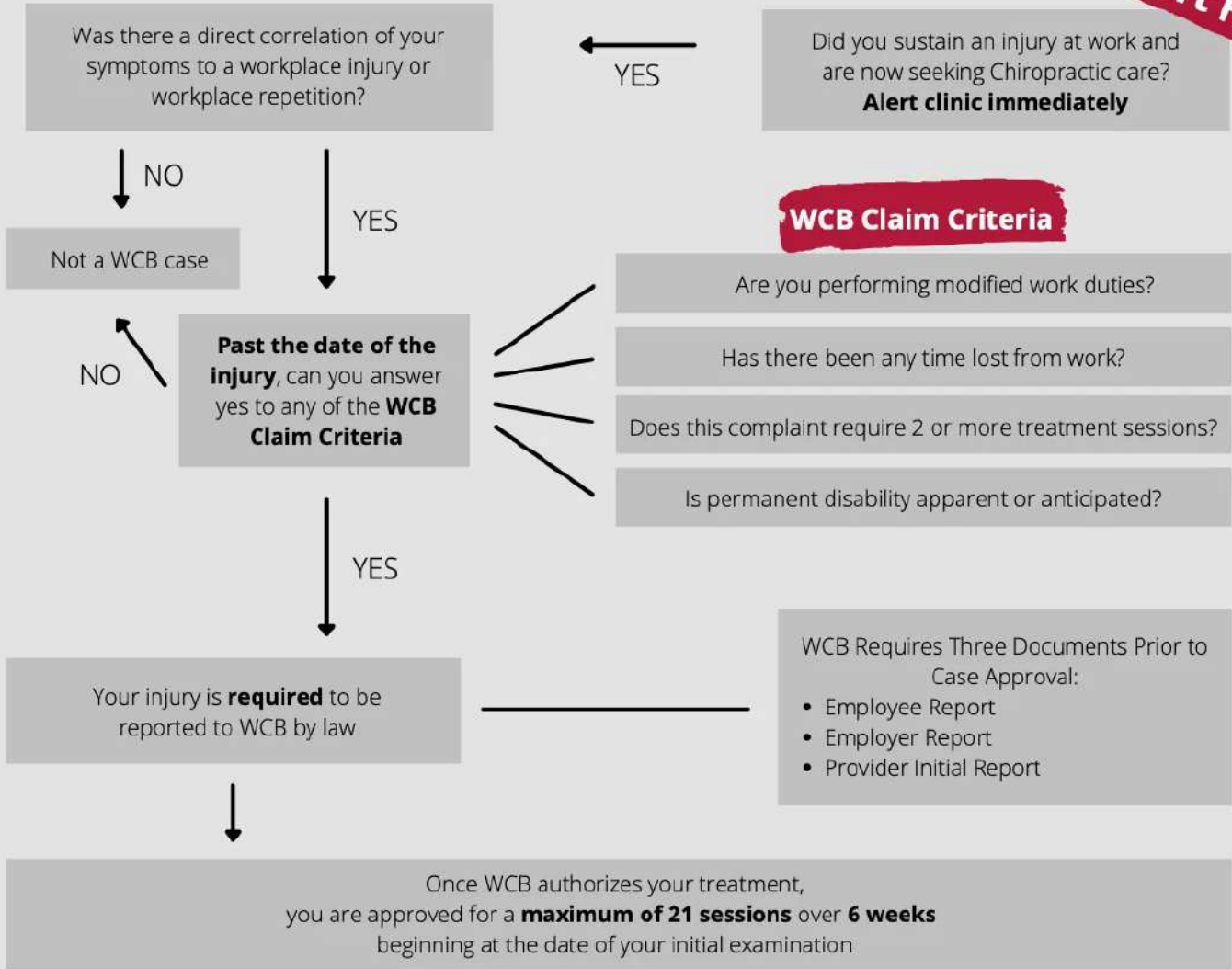




# WCB Injury Care

**Start Here!**



## FAQ's

- What if my injury requires more than 21 treatments or 6 weeks of care? → Your provider will file a Progress Report at 3 weeks and a Discharge/Extension Report at 5-6 weeks. Based on your complaint, response to treatment, and prognosis, an Extension Request may be appropriate.
- Will WCB cover Physiotherapy and Chiropractic at the same time? → Unfortunately, WCB will not authorize concurrent Chiropractic and Physiotherapy treatments.
- Is Massage Therapy included in WCB treatments? → Unfortunately, WCB does not recognize Massage Therapy as an authorized treatment.
- What if I (or my employer) want to avoid a WCB claim? → If the answer YES was provided to any of the criteria above, by law a WCB claim must be filed.

# MVA Injury Care

## Clinic Responsibilities

Complete a full **Assessment** and provide a **Diagnosis**

Your Diagnosis determines the number of sessions you are entitled to:

Whiplash-Associated Disorder (WAD)

90% of WAD injuries are **WAD II\*** injuries = **21 treatments**

\* WAD II injuries are defined by: decreased range of motion, point tenderness, no fracture, and no objective neurological deficits

Muscle Strain / Ligament Sprain

The *majority* of **Sprain / Strain** injuries = **10 treatments**

## Patient Responsibilities

**Within 10 days of accident**

**1** Notify your auto-insurance provider and obtain the following information:

Accident claim number

Name and contact info of your claim adjuster

**2** Book an Assessment from one of the following:  
Chiropractor  
Physical Therapist  
Family Doctor

Notify our clinic administration that you were in a MVA at time of initial booking

Provide our clinic administration with your claim information:

- Claim number
- Insurance company name
- Claim adjuster name

## FAQ's

Do I need a referral from my Medical Doctor?

→ You do not need a referral for Chiropractic or Physiotherapy treatment at any time. If Massage Therapy is indicated, you will need a referral from the provider who assessed you.

Do I have to pay for my treatments?

→ Treatments are billed directly to your insurance provider up to 90 days after the accident date.

Do I get to choose my provider or clinic?

→ You have the choice of which provider or clinic to receive treatment from. Your insurance company can suggest preferred providers at your request.