



Manitoba Public Insurance

PHYSIOTHERAPY SERVICE AGREEMENT SIGNATURE PAGE

Between:

THE SERVICE PROVIDER NAMED BELOW (the “Service Provider,” or “you”)

Registered Account Number:	
Printed Name:	
Clinic Practicing Out Of:	
Email Address:	

-and-

THE MANITOBA PUBLIC INSURANCE CORPORATION (“Manitoba Public Insurance”)

1. This Agreement (as defined below) outlines the legal terms applicable to Manitoba Public Insurance approved services provided by the Service Provider, to persons insured by Manitoba Public Insurance pursuant to *The Manitoba Public Insurance Corporation Act* who are entitled to Personal Injury Protection Plan benefits thereunder, and the obligations you have to Manitoba Public Insurance under this Agreement (collectively called the “**Services**”). This Agreement shall be effective for the Service Provider as of _____ (**date of signing**) and shall continue until terminated by either party in accordance with this Agreement (the “**Term**”). The Service Provider must be registered with, and a member in good standing of the College of Physiotherapists of Manitoba throughout the Term.

2. By signing below, each of the undersigned parties agrees to comply with the terms and conditions of this signing page and the:

- (a) Physiotherapy Legal Terms and Conditions;
- (b) Physiotherapy Services Rates;
- (c) Physiotherapy Guidelines; and
- (d) Physiotherapy Standards of Clinic and Professional Services.

The documents in subsections 2(a) to (d) can be found at <https://apps.mpi.mb.ca/HealthCare/Physiotherapy.html> or such other website as designated by Manitoba Public Insurance. This signing page and the documents listed in subsections 2(a) to (d) shall be collectively referred to as the “**Agreement**”. Manitoba Public Insurance reserves the right to update and amend any of the documents listed in subsections 2(a) to (d) without notice. Manitoba Public Insurance will try to provide thirty (30) days’ notice of any changes to the Agreement but is not required to do so. In any event, Manitoba Public Insurance will advise the Service Provider of any changes to the Agreement as soon as reasonably practicable. Manitoba Public Insurance rejects any additional terms and any counter offers that may be provided by the Service Provider while performing the Services. This Agreement terminates, supersedes, and replaces any previously entered into agreement(s) between Manitoba Public Insurance and the Service Provider regarding the Services. You may terminate this Agreement at any time by giving thirty (30) days prior, written notice to Manitoba Public Insurance at:

ICMAgreements@mpi.mb.ca. To the extent there is a conflict or inconsistency, the order of precedence of documents comprising this Agreement shall be 1) this signing page and 2) as ordered in subsections 2(a) to (d) above. Manitoba Public Insurance cannot guarantee that any Services will be required during the Term.

**THE MANITOBA PUBLIC INSURANCE
CORPORATION**

FOR THE SERVICE PROVIDER

Per (signature): _____

Per (signature): _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Per (signature): _____

Name: _____

Title: _____

Date: _____