

VPRS Clinic Application & Agreement for Network Participation

Please email completed form to lauren@physicalrehabociety.ca



Section 1: Clinic Information

1. Clinic Name

2. Clinic Address

3. Clinic Phone Number

4. Website

5. Clinic Owner/Director Full Name

6. Email

7. Phone Number

Section 2: Eligibility Criteria & Professional Standards

8. Does your clinic have at least one pelvic health physiotherapist with training, experience and/or mentorship to treat the following?

- Incontinence (fecal and/or urinary)
- Pelvic Organ Prolapse
- Pelvic Pain (dyspareunia, vaginismus, vulvodynia, vestibulodynia)
- Endometriosis
- Perinatal Population
- Post-op Urogynecological surgery

9. Does the treating physiotherapist practice from a trauma-informed lens and have relevant training/certifications?

Yes

Initials

Section 3: Billing & Reimbursement Agreement

10. I agree to bill the following in this order before billing VPRS:

- MSP (if eligible)
- Extended Health Insurance (if eligible)
- \$25 client user fee per session

Yes

11. I agree to only bill VPRS for the pre-approved number of sessions requested and approved on the treatment plan.

Yes

12. I agree to submit invoices to **lauren@physicalrehabociety.ca** within 6 weeks of the date of service.

Yes

initials

Section 4: Participation Terms

13. The treating physiotherapist(s) are in good standing with the College of Health and Care Professionals of BC and have no active complaints or investigations.

Yes

14. The clinic is in good standing with the CRA and holds valid business licenses and insurance

Yes

15. I understand that:

- My clinic and its practitioners retain full clinical responsibility for all services delivered. VPRS does not direct care and acts solely as a third-party funder.
- It is my clinic and practitioner's responsibility to ensure informed consent is obtained from all clients prior to treatment.
- Participation in the VPRS network does not guarantee referrals.
- I must maintain clinical and billing records for at least 7 years.
- VPRS reserves the right to request documentation (e.g., treatment plans, progress notes, or proof of payment collection) for audit or claims verification purposes.
- I will comply with audit requests within 14 days.
- Any fraud or misrepresentation may result in removal from the network.
- Clinics may be removed from the provider network at the discretion of VPRS if they no longer meet the required criteria or standards.

Yes

Initials

Section 5: Privacy & Public Listing

16. I agree to comply with all applicable Canadian privacy laws including PIPA BC and PIPEDA.

Yes

17. I consent to having my clinic's name, contact information, and pelvic health services publicly listed by VPRS on referral lists, websites, and printed materials

Yes

Initials

Section 6: Consent & Submission

18. I confirm that all information is accurate and I agree to the full terms of the agreement

Yes

Clinic Owner/Director Signature

Date

Example: January 7, 2019

Please email to lauren@physicalrehabociety.ca

Google Forms