

NOTICE TO THE PHYSICIAN

IMPORTANT! When you send your invoice to the Société de l'assurance automobile du Québec (SAAQ) for reimbursement, please **DO NOT ENCLOSE** a corresponding copy of the *Initial Report*.

Please give the report **to the accident victim**, who will send it to the SAAQ, if applicable, along with the *Claim for Compensation* form.



Avec vous,
au cœur de votre sécurité

Initial Report



- Note to the physician: IMPORTANT!** When sending your invoice to the Société de l'assurance automobile du Québec (SAAQ) for reimbursement, DO NOT ENCLOSE this document. Instead, you must give this document to the accident victim so that he or she may send it to the SAAQ.
- Note to the accident victim:** Send us this report after your claim for compensation has been filed. To file a claim for compensation, use our online service at saaq.gouv.qc.ca or call us at 1-800-361-7620 from Monday to Friday, between 8:30 a.m. and 4:30 p.m.
- Fees related to this report are either paid directly to the physician or reimbursed to the accident victim, if the accident victim paid them, up to the maximum allowable amounts determined by the SAAQ.

Section 1 – Information on the accident victim

Last name and first name (print)

Claim number, if known

Section 2 – To be completed by the physician or the specialized nurse practitioner (SNP)

Date of the accident

Date of the examination

Date of death (if applicable)

Year Month Day

Year Month Day

Year Month Day

Describe the injuries or diagnoses related to the accident (specify the location of any injuries to the skin).

Describe any pre-existing medical conditions that could have an impact on the progress of the injuries.

Has treatment been prescribed? ☐ Yes ☐ No If so, specify the type: ☐ Medication¹ ☐ Surgery ☐ Physiotherapy ☐ Occupational therapy
☐ Chiropractic ☐ Acupuncture ☐ Psychotherapy ☐ Other, specify:

¹ Important: Written justification must be provided for any medication that is not listed in the basic prescription drug insurance planDoes the accident victim have functional limitations and/or restrictions? ☐ Yes ☐ No

If yes, please specify:

Estimated disability period: ☐ 1 week or less ☐ 1 to 4 weeks ☐ more than 4 weeks ▶ End date, if known: Year Month Day

Will the accident-related injuries likely result in: Permanent impairment? ☐ Yes ☐ No ☐ Cannot say
 Scars? ☐ Yes ☐ No ☐ Cannot say

Will you be providing the clinical follow-up for this patient? ☐ Yes ☐ No ▶ If yes, indicate the date of the next appointment: Year Month DayWould you like an SAAQ representative to contact you? ☐ Yes ☐ As needed ☐ No

Section 3 – Disabled parking permit

To obtain a disabled parking permit, the individual must meet the requirements indicated on the SAAQ website at
saaq.gouv.qc.ca/personnes-mobilite-reduite/obtenir-vignette-stationnement/.

Does the individual have a disability resulting in a loss of independence or risk to health and safety with respect to travelling for at least 6 months?

☐ Yes ☐ No If yes, what kind of permit is required? ☐ Permanent ☐ Temporary

Information on the physician or SNP

Last name and first name (print)

Professional licence number

Address

Postal code

Telephone

Extension

Fax

Email

☐ General practitioner ☐ SNP☐ Specialist, specify:

Signature (do not use stamp)

Date

Year Month Day

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:
Through the Reimbursement of Expenses and Document
Submission online service: saaq.gouv.qc.ca/envoiodocuments
By fax: 1-866-289-7952
By mail: Société de l'assurance automobile du Québec
 Case postale 2500, succursale Terminus
 Québec (Québec) G1K 8A2

Keep the original or a copy for your files.

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/confidentialite or contact the SAAQ's call centre.



Avec vous,
au cœur de votre sécurité

TO THE PHYSICIAN:

Give the original of this duly completed report to the accident victim or his or her representative, who will send it to the SAAQ along with the *Claim for Compensation* form.

Section 1 – Physician

Last name and first name (print)		Supplier number	Professional licence number
Address			
			Postal code
Telephone	Extension	Amount claimed: \$	
Payment of professional fees is made to the physician. If payment is to be made to someone else, please specify: Last name and first name (print)			
Address			
Postal code			

Section 2 – Accident victim's authorization

(section required to receive payment)

I, _____, ask the Société de l'assurance automobile du Québec to pay the physician
Accident victim's first and last name

directly for the fees charged to produce the initial report, up to the maximum amount provided for under the insurance coverage.

Signature of accident victim (or representative)¹

Date of signature

Year Month Day

Section 3 – Information for physician's records

The statement of professional fees produced by the SAAQ will include the name of the accident victim and the date of the above signature. If you also want a specific reference number to be included, indicate it here: _____

Date of the accident: _____
Year Month Day

1. If the accident victim cannot sign and does not have an authorized representative, the signature of his or her spouse is accepted.
If the accident victim has no spouse, the signature of a close relative or person who shows a special interest in the accident victim is also accepted.

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THERE ARE THREE WAYS TO SUBMIT A DOCUMENT: Through the Document Submission and Reimbursement of Expenses online service for external service providers:

saaq.gouv.qc.ca/documentsintervenants

By fax: 1-866-289-7952

By mail: Société de l'assurance automobile du Québec
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SUPPLIERS