

## 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.

## Initial Report



- ① **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.
- ② **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](http://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.
- ③ 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  
Year      Month      DayDate of the examination  
Year      Month      DayDate of death (if applicable)  
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:  Medication<sup>1</sup>  Surgery  Physiotherapy  Occupational therapy  
 Chiropractic  Acupuncture  Psychotherapy  Other, specify: \_\_\_\_\_

<sup>1</sup>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/](http://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		<input type="checkbox"/> General practitioner <input type="checkbox"/> SNP <input type="checkbox"/> 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/envoidecouments](http://saaq.gouv.qc.ca/envoidecouments)  
**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](http://saaq.gouv.qc.ca/confidentialite) or contact the SAAQ's call centre.

**RN**



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: \$ _____
<b>Payment of professional fees is made to the physician.</b> 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.

\_\_\_\_\_  
Year      Month      Day  
\_\_\_\_\_  
Date of signature

Signature of accident victim (or representative)<sup>1</sup>

**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.

**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](http://saaq.gouv.qc.ca/confidentialite) or contact the SAAQ's call centre.

**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](http://saaq.gouv.qc.ca/documentsintervenants)

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.

**SUPPLIERS**