Dear Provider:

Thank you for your interest in participating in TheraMatrix Physical Therapy Network (TPTN). We currently administer the outpatient physical therapy benefit for the following plans:

- UAW-Ford Hourly eligible enrollees nationally
- Ford Health Plan salaried eligible enrollees in Michigan
- UAW Retiree Medical Benefits Trust – Ford (VEBA-FORD) enrollees nationally
- United Auto Worker General Motors (UAW-GM) eligible enrollees nationally.

TPTN enrollees are required to seek these outpatient physical therapy services at our in-network facilities, as there is no out-of-network benefit. Attached for your review is a TPTN Request to Participate form. Please complete a form for each facility and fax to Attn: Provider Services, (248) 745-2863 or you may complete your form online and submit to provider@theramatrix.com.

A representative from our Provider Contracting & Relations team will contact you at our earliest opportunity with more information regarding our program and contract process. Thank you again for your interest in this innovative physical therapy carve-out program.

Sincerely,

Provider Contracting & Relations
TheraMatrix Physical Therapy Network
(800) 545-3422, Extension 187
REQUEST TO PARTICIPATE

THERAMATRIX PHYSICAL THERAPY NETWORK

Please fill out the form and fax to (248) 745-2863 or complete online and submit to providerservice@theramatrix.com

Contact Persons Name: ________________________________________

Contracting Contact Persons Phone Number: ___________________

Clinic Name: _______________________________________________

Address: ___________________________________________________

City:_____________________ State: _________  Zip: ___________

Phone Number: _________________ Fax#: ___________________

Email address: _____________________________________________

Tax ID#:_____________________ NPI#:______________________

Number of Clinics: ________

Please make a copy of this form for each location

Physician Owned: YES _____ NO _____

Specialties:

_____ Lymphedema  _____  Occupational Therapy

_____ Aquatics  _____  Speech Therapy

_____ Vestibular  _____  Pelvic Floor

_____ Pediatrics  _____  Other

Comments: _______________________________________________

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