

TheraMatrix™

Physical Therapy Network

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: _____
