



Dear Prospective Patient,

THANK YOU for showing an interest in becoming a patient at Little Traverse Primary Care. Here is a little information about our family medical clinic:

- **Our Mission Statement: “We Will Care For Your Family As We Would Care For Our Own Family”**

- We are proud to be a designated Blue Cross Blue Shield of Michigan **Patient-Centered Medical Home** practice since 2010. We have worked very hard to achieve and maintain our PCMH designation.

- **We Offer our Patients:**
 - General medical care for the whole family
 - Same Day Appointments for acute reasons (ie: Upper respiratory infection, injury, flu)
 - 24 hour access to the Provider on-call
 - Secure online access to your Provider
 - Wellness and Preventative Healthcare
 - Pediatric Care
 - Immunizations
 - Chronic Disease Management
 - Minor Procedures
 - Dermatological Care
 - Fracture Care
 - DOT & CDL Physicals
 - Behavioral Health and Wellness Consultation

(For more detailed information please visit www.ltpcmi.com)

- **Insurances LTPC participates with:**
 - Blue Cross Blue Shield
 - Blue Care Network
 - Priority Health (PPO, POS, HMO)
 - Cigna
 - McLaren Products (PPO & HMO)
 - Aetna
 - ASR Products (Alliance Health & Life, Benesys, HAP)
 - NGS CoreSource
 - Physicians Care (w/heart on card)
 - Tricare (contact to see if we are considered in network with them)/Champus/ChampVA/Veteran Choice
 - Medicare and any Medicare Product including Advantage plans (if the product is out of network with us, the patient may have a higher copay and or deductible. Patients should check with their company to find out if the insurance is in network.)

(OVER)

- **Non-Participating Insurances**
 - **We will collect in full the amount due on day of service**
 - We then courtesy bill the non-participating insurance. If your insurance company pays for the services rendered, you will be reimbursed from the insurance company. It is your responsibility to find out if your insurance will cover any costs incurred by LTPC.

- **Steps to Becoming a Patient at Little Traverse Primary Care:**
 - Return **completed** New Patient Request Form
 - New Patient Request Form will be presented to Provider indicated on the form
 - Front Desk will contact you with the Provider's decision
 - When accepted, you will be registered and a New Patient Packet will be sent to you or you can come by and pick it up.
 - Once the Packet is completed and returned you will be scheduled for your first appointment with the Provider.
 - In some cases, Providers ask for records from your previous Provider, before seeing the patient. We will let you know when this is the case, as it may delay the first appointment.
 - ***THIS New Patient PROCESS MAY TAKE 1-2 WEEKS*** depending on the ability to get information back and forth to patient.

We are sincerely interested in your health care needs. Thank you for being interested in becoming a patient at Little Traverse Primary Care.

Sincerely,

Angela VanDeVoort

Front Desk Coordinator

Read Prospective Patient Letter Carefully BEFORE Proceeding



8881 M-119
Harbor Springs, MI 49740
Phone: 231-347-5400
Fax for this form: 231-347-2020

NEW PATIENT REQUEST FORM

Full Name: _____

Date of Birth: _____

Street Address: _____

Phone #: _____

City, State, Zip: _____

Alternative Ph: _____

*Insurance Provider(s): _____

*See Prospective Patient letter for insurances LTPC participates with

Current Physician: _____ Last Wellness/Annual Exam (date): _____

Indicate if you are CURRENTLY being treated for the following:

	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
COPD	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal Issues	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Blood Thinners	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Other Chronic Health Conditions: _____

Current Medications: (attach list if easier) _____

Providers* Currently Accepting New Patients: (check box for providers you are requesting)

*Provider Bio's available at www.ltpcmi.com

Dr. Sarah Woiderski **
 Dr. Sara Rivette **

Kimberly Clark, FNP-BC
 Dr. Marcin Jankowski

** only see patients 18 and older

For Office use only:

approved Not Approved

Specific requests from provider: _____

Scheduler initials: _____

Date: _____