

PREVENTIVE HEALTH CARE PROGRAM

VALID **ONLY** FOR PATIENT LISTED BELOW - **VOID IF ALTERED**

PARTICIPANT NAME: _____

SS#: _____ LOCAL UNION #: _____

ADDRESS: _____

ELIGIBLE FROM: _____ TO: _____

PATIENT NAME: _____ RELATIONSHIP: _____ DOB: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE AUTHORIZED: _____

Participating Facilities

Providence Hospital
22255 Greenfield Road, Suite 422
Southfield, MI 48075
Telephone Number: (248) 424-3959

Providence Medical Center - Providence Park
47601 Grand River Avenue
Novi, MI 48374
Telephone Number: (248) 424-3959

Meadow Brook Health Enhancement Institute
Oakland University
Rochester, MI 48039-4401
Telephone Number: (248) 370-3198

*Revised 8/30/00