



# **Michigan Physical Therapy Association**

*"The Mission of the MPTA is to advance, promote, and advocate for its members, the profession of physical therapy and the community it serves."*

The Michigan Physical Therapy Association offers mailing labels for a **one time use only**. In order to complete your purchase you must agree to the statements in the Potential Referral Advertising Disclaimer. Please fill out the form completely and make your selection(s) below. If you have any questions, please contact the MPTA office at 734-929-6075. You can return this form by fax or email to (734)677-2407 or [mpta@mpta.com](mailto:mpta@mpta.com).

## **Mailing Labels 2011 Order Form**

Contact Person:		
Name of Company:		
Type of Business:		
Street Address:		
City, State Zip:		
Phone:	Facsimile:	E-Mail:

## **Order Options**

You can choose to purchase mailing labels to any one or combination of the selections below.

PTs	<input type="checkbox"/>	\$200
PTAs	<input type="checkbox"/>	\$200
Students	<input type="checkbox"/>	\$200
All	<input type="checkbox"/>	\$200

## **Print Options**

Labels can be sent electronically in an excel document or by mail as printed labels. There is an additional charge of 30.00 for printed labels to cover shipping and handling and production costs.

Electronic     Excel     Word

Printed

## **Sort by:**

You can choose to have the labels sorted by district, zip code or last name. Please select one.

District   
Zip   
Last Name

## Method of Payment

<input type="checkbox"/> Please Invoice	<input type="checkbox"/> Check Enclosed Payment in the amount of \$ _____ is enclosed.	<input type="checkbox"/> Check Following in Mail
<input type="checkbox"/> Paying by Credit Card	Cardholder Name (if different from above)	
<input type="checkbox"/> Visa <input type="checkbox"/> MC	Card Number	Exp. Date: _____

## Purchaser Agreement:

As a purchaser and user of Michigan Physical Therapy Association (MPTA) provided labels, **Name of Company:** agrees that this order constitutes as a **ONE-TIME USE** of MPTA's mailing lists and will not disclose, transfer, reproduce or duplicate the list of labels in any form. User shall not at any time permit any MPTA list information to pass into the hands of any other person, association, organization, company or other entity without the prior written approval of MPTA. The user also agrees that the use of the lists/lists provided will be used for mailings related only to (list purpose for buying labels i.e. recruiter mailing)

Purpose: \_\_\_\_\_

Signature: \_\_\_\_\_

Title:

Date:

### Referral for Profit

#### **Potential Referral for Profit Advertising Disclaimer**

MPTA will not process this order without this disclaimer being returned and in complete agreement with all statements.

**Michigan Physical Therapy Association** (MPTA) follows the **American Physical Therapy Association** (APTA) position on potential referral for profit advertising disclaimer. APTA is opposed, as a matter of health care policy, to arrangements under which sources of referral (including physicians) stand to profit from referring patients for physical therapy. The policy, adopted by the House of Delegates, states: "The American Physical Therapy Association opposes ... participation in services that is in any way linked to the financial gain of the referral source." Financial Considerations in Practice (HOD 06-99-13-17).

Because of this policy, MPTA does not accept agreements from an organization or individual in a practice if any physician has a financial interest in the practice and refers patients to an employed physical therapist or to a physical therapist who supervises an employed physical therapist assistant. To complete your submission to MPTA, you must make the following certification by checking the "I agree" box below:

"I certify that no referral source (including any referring physician) has a financial interest in the practice that has the position that is the subject of this advertisement. Please note that if you agree to this statement, you may be asked to provide conclusive documentation as to the ownership of the facility, the identity of its employees, and the referral patterns of such owners and/or employees before your ad is posted. If APTA in the future discovers that any referral source has a financial interest in your facility (as owner and/or employee), any listings with MPTA will be removed immediately, with no refunds of payment."

I AGREE,    Name     Title

Any questions involving this requirement may be directed to [mpta@mpta.com](mailto:mpta@mpta.com) or 800-242-8131.