OPTIMA PHYSICAL THERAPY

3441 Lapeer Rd • Flint, MI 48503 • 810-391-4998

MAIL-A-CHECK REMITTANCE

Use this slip to mail a payment by check or money order

Mailing Instructions & Submission Checklist

MAIL TO

Optima Physical Therapy PLLC
Attn: Billing Department
3441 Lapeer Rd
Flint, MI 48503
Mon–Fri • 810-391-4998

BEFORE YOU MAIL

- ☐ Completed every field on this sheet legibly
- ☐ Check / money order made out to Optima Physical Therapy PLLC
- ☐ Invoice or statement number written on the memo line
- ☐ Signed and dated below
- ☐ Sealed in a stamped envelope — do not mail cash

Patient Information

PATIENT FULL NAME

DATE OF BIRTH (MM/DD/YYYY)

PHONE NUMBER

EMAIL (FOR RECEIPT)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

Invoice & Payment

INVOICE / STATEMENT #

DATE OF SERVICE

AMOUNT ENCLOSED (USD)

CHECK / MONEY ORDER #

CHECK DATE

BANK / ISSUER

Payment type

☐ Personal check ☐ Cashier's check ☐ Money order ☐ Other (note below)

NOTES (E.G. PARTIAL PAYMENT, DISPUTE REFERENCE, DATES OF SERVICE COVERED)

Signature

PATIENT OR RESPONSIBLE PARTY SIGNATURE

DATE SIGNED

MAIL CHECK + THIS SHEET TO

Optima Physical Therapy PLLC — Billing Dept.
3441 Lapeer Rd, Flint, MI 48503
Do not mail cash. Please allow 5–7 business days for posting after delivery.

Questions? 810-391-4998
Online: optimaphysicaltherapy.com/pay