



MICHIGAN RHEUMATOLOGY
& WELLNESS CENTER, PLC

Welcome to Michigan Rheumatology & Wellness Center

New Patient Instructions

Dear Patient,

Thank you for your interest in Michigan Rheumatology & Wellness Center. We look forward to welcoming you as a new patient. Please follow the steps below to complete your registration.

Step 1: Review Conditions We Do Not Treat

Please review the attached list of diagnoses we do not treat to ensure your concerns are appropriate for rheumatologic evaluation and avoid an unnecessary visit.

Step 2: Complete and Submit the New Patient Form

Fill out the attached form with your demographic and insurance information. This allows us to verify coverage prior to your visit and helps prevent billing issues.

Important: Confirm with your insurance company that we are in-network with your specific plan. Having coverage with your insurer does not guarantee we are included in your network.

Step 3: Submit your form to:

Email: info@mirwc.com

Subject: New Patient Form -

Step 4: Medical Records

Request relevant records from your referring provider (labs, imaging, notes). **We do not search for records online.** We are an independent rheumatology practice, not affiliated with any local hospital. Dr. Patricia Cagnoli is an Adjunct Clinical Professor at the University of Michigan. Our independence allows us to care for patients from any health system without restrictions.

Questions?

Call 248-509-5918 (Tues-Fri, 10 AM-12 PM & 2 PM-4 PM) if you need help completing your form or have any questions.

We look forward to meeting you!

Michael Vitale. New Patient Coordinator
Michigan Rheumatology & Wellness Center
www.mirwc.com

Thank you for your interest in becoming a patient at Michigan Rheumatology & Wellness Center.

Before requesting a new patient appointment, please note that **we do not evaluate or treat the following conditions**, as they fall outside the scope of rheumatologic care.

We kindly ask that you contact your **primary care provider** for guidance to the appropriate specialty:

1. Sciatica – *Please consult a spine specialist*
2. Herniated disc – *Spine specialist*
3. Hypermobility syndrome – *Physical Medicine & Rehabilitation (PM&R)*
4. Ehlers-Danlos syndrome – *Medical Genetics*
5. Marfan syndrome – *Medical Genetics*
6. Complex Regional Pain Syndrome (CRPS) Type I or II – *Pain Management*
7. Chronic pain due to trauma – *Pain Management*
8. Bisphosphonate-related osteonecrosis of the jaw – *Oral Surgery*
9. Chronic Lyme disease – *Primary Care or Infectious Disease*
10. Autoimmune thyroiditis – *Endocrinology*
11. Neuropathy – *Neurology*
12. Generalized chronic pain – *Pain Management*
13. Fatigue – *Primary Care*
14. Postural Orthostatic Tachycardia Syndrome (POTS) – *Primary Care or Cardiology*
15. Fibromyalgia – *Primary Care*
16. Chronic fatigue syndrome – *Primary Care*
17. Long COVID – *Primary Care*
18. Brain fog or fatigue – *Primary Care*

Wellness Support Services

If you have a **confirmed diagnosis** of the following conditions, our **Empower Wellness Center** offers supportive wellness packages:

- Fibromyalgia
- Chronic fatigue syndrome
- Long COVID
- Persistent fatigue

To learn more, please visit www.mirwc.com or call **248-923-1300, option 4**.

*Please note: **Wellness services are not covered by insurance.***



**MICHIGAN RHEUMATOLOGY
& WELLNESS CENTER, PLC**

Tel 248.923.1300 - Fax 248.218.1071 - Email info@mirwc.com
3950 South Rochester Road, Suite 1300- Rochester Hills, Michigan, 48307

Return this form by email: info@mirwc.com

◆ **Reason for Appointment**

Date: _____

In just a few words tell us your symptoms, diagnosis or reason for this visit so we are sure we are the right place for you. (See attached list of conditions we don't evaluate or treat).

Patient Information

- **Last Name:** _____
- **First Name:** _____
- **Home Address:** _____
- **Date of Birth:** _____
- **Phone:** _____
- **Email** _____

◆ **Insurance Information**

- **Primary Insurance Company:** _____
- **Member ID:** _____
- **Secondary Insurance Company:** _____
- **Member ID:** _____

PCP name: _____

Phone _____

Fax _____

✦ **PLEASE SEND A COPY OF THE FRONT AND BACK OF ALL THE INSURANCE CARD(S)**

■ **Patient Responsibilities Notice:**

⚠ It is your responsibility to check with your insurance if a referral from your Primary Care Physician is required to see a specialist. **We cannot see you without it.**

⚠ It is your responsibility to ensure we receive **any records related to your condition you would like us to review** the day of your appointment. Previous Medical records can be submitted by you or your physician via:

- 📠 Fax: 248-218-1071
- 💻 Patient Portal: We will email you a link with your New Patient appointment.
- 📁 Hand delivery.

✗ **We are a private independent practice. We do not search for or retrieve online PRIOR medical records/information from any health system.** ✗