Montero Therapy Services - Rehab Resources For Long Term Care

Membership Subscription Form

If you need assistance filling out the form, call us at 1-844-LTC-TEAM

Thank you for your interest in our subscription services. The information below will be used to set up a Member Account for an Individual or Facility Member. A Member Support representative will contact you upon receipt of this information.

Info About You: (If you are a Facility - leave this part blank. We will set this up for you.

Name	
Create Your User Name for the Website:	
Create a Password (8-10 characters)	
Your Email Address:	

Professional Discipline: (Circle) PT OT SLP MDS Admin Billing

Other_____

For Facility Memberships - Please add the following information:

Facility Designated Contact Person: _____
(This is the person we will contact for membership matters.)

Facility Name: _____ Phone Number: _____

Facility Address: _____

_____

_____

☐ Individual Professional - $99 USD per 1 year

☐ Facility / Group Professional - $1,200 USD per 1 year. Call us to see if we participate with your Group Purchasing Co.

If you have a Coupon Code, enter here: _____

☐ Payment is enclosed. Check payable to Montero Physical, Occupational and Speech Therapy Services, PLLC

☐ Payment by Credit Card. ☐ Personal Card ☐ Facility Card

Name on card: _____

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Signature of Authorized User: _____

☐ Facility Purchase Order P.O. #: _____

A Member Support representative will contact the facility if PO is used.

* Membership will activate upon receipt of payment.

Please complete the following account information and send to:

or Fax: 1-844-582-8326
or email to: MemberSupport@MonteroTherapyServices.com

Montero Therapy Services
c/o Member Support
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Troy, NY 12180