

Millstone Healthcare Associates, PA  
3029 White Horse Rd.  
Greenville, SC 29611

## Re-Exam Documentation & Questionnaire Packet

Thank you for choosing our office! We are excited to hear about your progress. We want you to feel like you are in the right place.

Our office strives to provide each patient with the best possible re-evaluation and documentation of their case. We have designed this packet of information to meet all the possible requirements of your case. It is imperative that you complete and sign all forms included. These forms have been created through our experience in handling cases like yours. They allow us to provide you with the most complete documentation, management and reporting system available.

Please answer each question to the best of your ability. Your answers will not affect your re-imburement. It is essential to the management of your case that all answers are truthful and represent your progress or current condition. Your answers will be used to evaluate your current phase of care and should show improvement, if reported properly.

Feel free to ask for assistance with any of the included forms. If you have further questions or concerns regarding your care or case we will make certain you receive a complete answer.

Please complete this packet prior to your re-evaluation. It is important that these forms are completed prior to your re-evaluation in order to save you time in our office.

We look forward to serving you!

**Phone (864) 269-6131 - Fax (864) 269-6150**