

McLaren Flint

Parking Guidelines for Patients and Families

Welcome to the Medical Center. We hope that your stay is comfortable and that we are able to meet your care and service expectations. We have developed this information regarding parking guidelines to be sure that you are informed of where to park, and of our parking policies. If you have any questions about any of this information, please call the Director of Security at 810-342-4997. We have attached two complimentary parking passes for your family or friends to use.

General Guidelines:

- Parking for patients and visitors of the Medical Center is located in the Ballenger Ramp adjacent to the Medical Center. There is a fee for use of the ramp. Free parking is available directly across Ballenger Highway in the area designated for visitors.
- For Patients receiving care in the Emergency Department and their families, there is free parking near the Emergency area in the South lot.
- Once you have paid for parking in the Ballenger Ramp, your receipt will allow you to return to the ramp on the same day at no charge. Be sure to retain your receipt to show the security guard.
- Family members of patients hospitalized 10 days or more may park free by contacting the Information Desk or calling 810-342-2217.
- Valet parking is available at the main entrance to the Medical Center and there is a charge for valet parking.
- Persons with a State of Michigan Handicapped sticker may use valet parking at a reduced rate.
- Only Complimentary Passes (P-303-B) will be honored. See complimentary passes below.

Patients and families attending special functions may be eligible for free parking. Contact the McLaren Flint staff person responsible for coordinating the special function.

P-303-B

VOID

COMPLIMENTARY PARKING PASS

Please give this pass to booth attendant.

Department _____
Dept. # _____
Signature _____

Name _____
Department _____
Dept. # _____
Signature _____

McLaren

P-303-B (11/14) FLINT

VOID

COMPLIMENTARY PARKING PASS

Please give this pass to booth attendant.

Department _____
Dept. # _____
Signature _____

Name _____
Department _____
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