

**McLaren Print System Order**

**Order No: 42758 Reprint Previous Order No: 5301**  
**Order Date: 2019-02-08**  
**User: Holly Reibel**  
**Phone: 248-561-1206**

**Ship Location: McLaren Oakland Ortonville ATTN: Holly**  
**180 N. Ortonville Rd**  
**Ortonville, Michigan 48462**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 73250**  
**Dept Name: McLaren Oakland Ortonville**  
**Company Number: 810**

**Order Total Price: 11.80**

**Item Number: MM-52**  
**Item Description: Bill as Self Pay**  
**Revision Date: 10/2010**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group

**BILL AS SELF PAY**

I, \_\_\_\_\_, elect to not use my health insurance  
(patient name)  
coverage for charges incurred as a result of services on  
\_\_\_\_\_, I understand the charges in full are my  
(date of service)  
responsibility and I agree to pay in full today.

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Date

**BILL AS SELF PAY**

Original Med Rec. Copy Patient

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date