

McLaren Print System Order

Order No: 50022
Order Date: 2019-11-01
User: Lori Pidick
Phone: 810-989-3320

Ship Location: McLaren Port Huron
1221 Pine Grove Avenue
Port Huron, MI 48060

Brochures
Quantity: 500
Paragon Dept No: 8155
Dept Name: Materials Management
Company Number: 480

Order Total Price: 85.25

Item Number: PH-18
Item Description: ER COPAYMENT LETTER
Revision Date: 5/2019
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: ss; no bleed; color; 70# offset



Date of visit _____
Visit number _____

While you were seen in the emergency room at McLaren Port Huron, we spoke about your insurance. I verified with your insurance provider that your coverage was active. During your visit you were unable to pay your emergency room copay of \$_____.

Which was identified by your insurance company. Please complete the bottom portion of this letter and return it with payment in the envelope provided or call the McLaren Cashier to pay your bill over the phone @ 810-987-0000 ext 2956.

If you have any questions, please call 877-755-7448 to speak with a representative regarding your bill.

Thank you,

Please indicate your method of payment:

Cash

Check-Payable to McLaren Port Huron

Credit Card: Visa MasterCard Discover American Express

Name of Card holder _____

Card Number _____

Expiration date _____

CVV (3-digit code on back of card) _____

Billing Zip code _____

Spec Info: This letter was sent regarding your ER copay only and does not include any additional ER charges billed to your provider or annual deductibles. ER physician charges are not included in your insurance copay.

Registration Clerk