

McLaren Print System Order

Order No: 51116 Reprint Previous Order No: 5300
Order Date: 2019-12-18
User: Jessica Smith
Phone: 989-773-1166

Ship Location: McLaren Central ReadyCare/ attn: Jessica
1523 S. Mission St.
Mt. Pleasant , Mi 48858

Forms

Quantity: 500
Paragon Dept No: 75400
Dept Name: Central ReadyCare
Company Number: 810

Order Total Price: 59.00

Item Number: MM-51
Item Description: HMO Patient Financial Responsibility
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
HMO PATIENT
FINANCIAL RESPONSIBILITY

Your health insurance _____ requires a referral
from your primary care physician (PCP) for each visit/procedure with a
specialist.

I have requested a referral from my PCP. I am aware that failure to obtain
proper authorization may result in rejection of this claim and the charges
would then become my responsibility.

Signature of Patient/Parent/Legal Guardian / /
Date