

**McLaren Print System Order**

**Order No: 51192**  
**Order Date: 2019-12-23**  
**User: Brenda Covey**  
**Phone: 2314874232**

**Ship Location: McLaren Northern lobby attn Brenda Covey**  
**416 Connable Ave**  
**Petoskey, Michigan 49770**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 8937**  
**Dept Name: PATIENT ACCESS**  
**Company Number: 410**

**Order Total Price: 77.00**

**Item Number: MHCC-542**  
**Item Description: McLaren Financial Assistance Plain Language Summary**  
**Revision Date: 8/2016**  
**Print: 1 sided full color**  
**Paper: 32# Color Copy Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill:**  
**Misc Info: ss; color no bleed**



**HEALTH CARE**

**Summary of Financial Assistance**

<p><b>Our General Financial Assistance Policy</b> Under our facility's Financial Assistance Policy, we provide financial assistance for emergency and other medically necessary care.</p> <p>All applicants will be screened for Medicaid coverage and must cooperate with the Medicaid representatives to be eligible for assistance under our financial assistance policy. If you are eligible for financial assistance under our policy, you will receive discounted assistance based on income and family size.</p> <p><b>How to Apply for Assistance:</b></p> <ol style="list-style-type: none"><li>1. Obtain our Financial Assistance Application</li><li>2. Complete application and submit to McLaren Patient Financial Services with supporting documents listed on the first page of the application within 30 days of receipt.</li><li>3. Complete applications will be processed within 6 weeks of receipt.</li><li>4. A determination letter will be mailed to you once your application has been processed.</li></ol>	<p><b>Charges Will Not Exceed Amounts Generally Billed</b> If you receive an award of financial assistance under our policy, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having insurance.</p> <p><b>How to Obtain Copies of our Financial Assistance Policy and Financial Assistance Application</b> You may obtain a copy of our Policy and the Financial Assistance Application Form through one of the following:</p> <ol style="list-style-type: none"><li>1. On McLaren Health Care's website at <a href="http://www.mclaren.org/About/Financial_Aid">http://www.mclaren.org/About/Financial_Aid</a></li><li>2. At the point of registration, in our emergency department, or in any of our Financial Counselor or Cashier Offices.</li><li>3. If you contact a Financial Counselor or Customer Service Representative, we will mail you a copy of our Financial Assistance Policy and Application Form free of charge. Please call 586-710-4300 or 1-844-525-1557 toll-free.</li></ol> <p><b>How to Obtain Additional Information and Assistance Regarding our Financial Assistance Policy</b> For information regarding our Financial Assistance Policy and Financial Assistance Application Form, please contact our Financial Counselors located at a McLaren hospital or call 586-710-4300 or 1-844-525-1557.</p>
---	--

**Spec Info:** Copies of our Financial Assistance Policy are available in English, Spanish, Italian, Serbo-Croatian, Polish, Greek, Vietnamese, Urdu, Chinese, Vietnamese, Tagalog, Hungarian, Korean, and Arabic.