

McLaren Print System Order

Order No: 51225 Reprint Previous Order No: 9914
 Order Date: 2019-12-27
 User: Deb Paladi
 Phone: 9898946583

Ship Location: McLaren Bay -Pt Access Attn:Deb P
 1900 Columbus Ave
 Bay City, mi 48708

Forms

Quantity: 1000
 Paragon Dept No: 90200
 Dept Name: Patient Access
 Company Number: 210

Order Total Price: 0.00

Item Number: M-34570
 Item Description: Request for Financial Assistance
 Revision Date: 5/2012
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren HEALTH CARE

McLaren Bay Region McLaren Healthcare Group
 McLaren Bay Spine/Ortho Care McLaren Lapeer Region
 McLaren Cancer Institute McLaren Macomb
 McLaren Central Michigan McLaren Medical Center
 McLaren Cholesterol McLaren Oakland
 McLaren FIB McLaren Ochspeck Hospital
 McLaren Greater Lansing Northern Michigan Regional Hospital
 McLaren Health Care Other _____
 McLaren Health Plan

Request For Financial Assistance

Total of Household: _____ Ann. Pk. _____
 House No. _____ Social Security Number _____ D/OB _____
 Home Address _____ City _____ State _____ Zip Code _____
 Home Phone _____ Business Phone _____
 Name Responsible Party (Spouse): _____ Social Security Number _____ D/OB _____
 Employer _____ Work Hours _____
 When Did You _____ Annually Employed Not Employed Unemployed Retired Disabled
 If Employed - are you working Full time Part time Casual Average Hour/Week _____
 Spouse's Name _____ Social Security Number _____ D/OB _____
 Spouse Employer _____
 When Did You _____ Annually Employed Not Employed Unemployed Retired Disabled
 If Employed - are you working Full time Part time Casual Average Hour/Week _____
 Please list Age of Dependents (include self if dependent): _____

ASSETS (List Below Method With Checking and Credit From Accounts)

| Bank Name | City | Type of Account | Balance |
|-----------|------|-----------------|---------|
| | | | |
| | | | |
| | | | |

Do you own your home? No Yes If Yes, list below
 Do you own any property? (Include FF's other real estate) No Yes If Yes, list below

ASSETS

| Asset - Stocks, Bonds, etc. | Market Value | Loan Amount Outstanding |
|-----------------------------|--------------|-------------------------|
| | | |
| | | |
| | | |