McLaren Business Products

McLaren Print System Order

Order No: 52428
Order Date: 2020-02-06
User: Denise Maginity
Phone: 810-342-5470

Ship Location: BARIATRIC & METABOLIC INSTITUTE/BEECH HILL CENTRE
G-3200 Beecher Road, MBI
Flint, MI 48532
Forms
Quantity: 100
Paragon Dept No: 36810
Dept Name: BARIATRIC & METABOLIC INSTITUTE
Company Number: 60

Order Total Price: 23.90

Item Number: M-5140
Item Description: NOTICE OF POSSIBLE FINANCIAL LIABILITY
Revision Date: 6/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Misc Info: 2 part

McLaren Flint
Flint, MI
BARIATRIC INSTITUTE

NOTICE OF POSSIBLE FINANCIAL LIABILITY

Dear: _____

The McLaren Flint Bariatric Institute is operated by McLaren Flint. Because this facility is part of the hospital, we are required to file two claims to your insurance carrier (s): one claim for your visit to this hospital facility and a separate claim for the professional services of the physician who will be treating you.

Your insurance may require you to make a coinsurance payment for both this hospital visit and the physician's professional services. Your actual coinsurance payment depends on the services you receive from this hospital facility and from the physician.

We are unable to determine the amount of your coinsurance payment responsibility for any services until we have billed and received payment from your primary and, if applicable, secondary insurance. Once McLaren Flint has received payment from all insurance carriers, two separate bills will be mailed to you: one from the hospital and one from the physician.

This letter is to advise you in advance that you will receive two separate bills for today's services and any others associated with your current course of treatment for your coinsurance payment and deductible responsibilities.

For questions regarding your McLaren Flint bill, please contact Patient Accounts at (810) 342-2219.

Sincerely,

McLaren Flint

I have read the above and understand that I may receive two separate bills for today's services and any others associated with my current course of treatment.

_____ patient or authorized representative

_____ Date

Spec Info:

NOTICE OF POSSIBLE FINANCIAL LIABILITY

WHITE - patient record YELLOW - patient

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