

**McLaren Print System Order**

Order No: 53212 Reprint Previous Order No: 9914  
 Order Date: 2020-03-09  
 User: Mary Everett  
 Phone: 810-342-2207

Ship Location: McLaren Flint 1 Central Patient Service Center  
 401 S Ballenger Hwy  
 Flint, MI 48532

**Forms**

Quantity: 100  
 Paragon Dept No: 90200  
 Dept Name: Patient Access  
 Company Number: 60

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 Bay Region
- McLaren Bay Spine/Ortho Care
- McLaren Cancer Institute
- McLaren Central Michigan
- McLaren Cholesterol
- McLaren FIB
- McLaren Greater Lansing
- McLaren Health Care
- McLaren Health Plan
- McLaren Hemorrhoid Group
- McLaren Liposol Program
- McLaren Macomb
- McLaren Medical Group
- McLaren Oakland
- McLaren Otolaryngology Hospital
- Northern Michigan Regional Hospital
- Other \_\_\_\_\_

**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 \_\_\_\_\_  
 How old 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 Payoff Outstanding