

McLaren Print System Order

Order No: 54240 Reprint Previous Order No: 5301
Order Date: 2020-05-14
User: Doris Adair
Phone: 810-455-0284

Ship Location: McLaren-Port Huron Urology Associates; Attn: Doris
1037 Water, Street, Suite 1
Port Huron, MI 48060

Forms

Quantity: 100
Paragon Dept No: 17805
Dept Name: MMG Port Huron
Company Number: 810

Order Total Price: 11.80

Item Number: MM-52
Item Description: Bill as Self Pay
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

BILL AS SELF PAY

I, _____, elect to not use my health insurance
(patient name)
coverage for charges incurred as a result of services on
_____, I understand the charges in full are my
(date of service)
responsibility and I agree to pay in full today.

Signature of Patient/Parent/Legal Guardian

Date

BILL AS SELF PAY

Original Med Rec. Copy Patient

Patient Name

Date