McLaren Business Products

McLaren Print System Order

Order No: 63031 Reprint Previous Order No: 58046
Order Date: 2021-06-16
User: VICKI YAROCH
Phone: 989-269-9521

Ship Location: MCLAREN THUMB REGION
1100 S VAN DYKE
BAD AXE, MI 48413
Forms
Quantity: 1000
Paragon Dept No: 2210
Dept Name: CENTRAL REGISTRATION
Company Number: 530

Order Total Price: 0.00

Item Number: 210.116
Item Description: Insurance Verification
Revision Date: 06/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER

MCLAREN THUMB REGION
INSURANCE VERIFICATION

Patient:	DOB:	Date of Surgery:
Dr:	Procedure:	Doctor:
Date of Accident:	Location:	Pt. Home #:
Primary Carrier:	Policy:	Insured:
Secondary Carrier:	Policy:	Insured:
Where Employed:	Pre-Op:	

Benefits	Primary	Secondary	Third
Pre Existing Wait Period			
Effective Date			
Exclusions/Explain	YES / NO	YES / NO	YES / NO
Deductible			
Percentage Covered			
Life Time Max			
Remaining Benefits			
Claim Form Needed			
Second Opinion			
Out of Pocket		Pre-Cert:	Y____ N____
Verified with (name)			
Phone #			
Date Verified			
Utilization Review			
Phone #			
Authorization #			
# Days Authorized			
Authorized by			
Patient Deductible		Paid on Surgery / Procedure Date	
Advance Payment Required			
Discussed with Patient on		By:	

210.116.06.18