

McLaren Print System Order

Order No: 63822 Reprint Previous Order No: 5304
Order Date: 2021-07-23
User: Shannon Pierce
Phone: 8106677040

Ship Location: Lapeer Occupational Health
1181 S Lapeer Rd
Lapeer, MI 48446

Forms

Quantity: 100
Paragon Dept No: 50507
Dept Name: Lapeer Occupational Health
Company Number: 810

Order Total Price: 0.00

Item Number: MM-105
Item Description: Notice of Financial Responsibility (Medicaid)
Revision Date: 8/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
NOTICE OF FINANCIAL RESPONSIBILITY

Patient Name: _____ Date of Birth: _____
Date of Service: _____ Insurance Carrier: _____
Provider Name: _____

You are seeking treatment from this office and services may not be covered by your insurance for one or more of the following reasons. If you choose to receive services from this office, you will be expected to pay any amount not covered by your insurance.

- You are not assigned to one of our Primary Care providers
 This office does not participate with your insurance carrier
 The services you are seeking may not be a covered benefit under your insurance
 You do not have a valid authorization on file for the services you are seeking
 Other: _____

Any questions regarding your insurance coverage should be directed to your insurance carrier

Patient Agreement:

I have been notified that treatment at this office may not be covered by my insurance for the reason(s) stated above. I understand the explanation given. I agree to be personally and fully responsible for any amount not covered by my insurance.

Patient or Guardian Signature Date

Witness