

McLaren Print System Order

Order No: 63828 Reprint Previous Order No: 58046
 Order Date: 2021-07-24
 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: _____	Pl. Home #: _____
Primary Center: _____		Policy: _____	Insured: _____
Secondary Center: _____		Policy: _____	Insured: _____
Where Employed: _____		Pre-Op: _____	

Benefits	Primary	Secondary	Third
Pre Existing Wait Period	_____	_____	_____
Effective Date	_____	_____	_____
Exclusions/Explan	YES / NO	YES / NO	YES / NO
Deductible	_____	_____	_____
Percentage Covered	_____	_____	_____
Life Time Max	_____	_____	_____
Remaining Benefits	_____	_____	_____
Open Form Needed	_____	_____	_____
Second Opinion	_____	_____	_____
Out of Pocket	_____	Pre-Get	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