

McLaren Print System Order

Order No: 6613
Order Date: 2014-10-20
User: Kristin Fudge
Phone: 517-975-3107

Ship Location: MGL Redi Care South / Kristin
6910 South Cedar St
Lansing , Mi 48911

Forms
Quantity: 100
Paragon Dept No: 67725
Dept Name: MGL Redi Care South
Company Number: 810

Order Total Price: 0.00

Item Number: MM-151
Item Description: Prior Authorization / Financial Responsibility (Convenient / Prompt Care)
Revision Date:
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

PRIOR AUTHORIZATION/FINANCIAL RESPONSIBILITY

- List of McLaren Convenient/Prompt Care Centers with addresses and phone numbers in various Michigan locations.

Your health insurance _____ requires prior authorization and/or network participation for each visit before being treated at a McLaren Convenient Care Center.

Please check one of the following categories that applies to your visit to this facility today:

- 1. This is a true medical emergency and immediate treatment is required.
2. My primary care physician, Dr. _____ or his/her alternate, Dr. _____ authorized treatment at McLaren Convenient/Prompt Care.
3. My primary care physician was not available. Authorization was obtained by calling the appropriate "hotline" number. Authorization number is _____.
4. I did not obtain the appropriate authorization.

Please provide the following information:

For illness - Date of onset: ____/____/____
For injury - Date of injury: ____/____/____ Where: _____
How: _____

I am aware that failure to obtain proper authorization may result in rejection of this claim and the charges would then become my responsibility.

Signature of Patient/Parent/Legal Guardian: _____ Date: ____/____/____

PRIOR AUTHORIZATION/ FINANCIAL RESPONSIBILITY

