

**McLaren Print System Order**

**Order No: 7434**  
**Order Date: 2014-12-02**  
**User: Erica Kamyszek**  
**Phone: 9897342171**

**Ship Location: Rogers City Medical Group**  
**573 N Bradley Hwy**  
**Rogers City, MICHIGAN 49779**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 77025**  
**Dept Name: Rogers City Medical Group**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-34586**  
**Item Description: Patient Discharge Prior Authorization**  
**Revision Date: 6/2014**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group  
**PATIENT DISCHARGE**  
*Prior Authorization*

Patient Name: \_\_\_\_\_ Office: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insurance: \_\_\_\_\_

Discharge from:  
 Physician  
 Office  
 Network

Discharge Category:  
 No Issue  
 Breakdown in provider-patient relationship  
 Non-compliance with controlled medicine agreement  
 Prescription Fraud  
 Behavior  
 Other, describe: \_\_\_\_\_

Supportive documentation to be submitted:

- Evidence of communication between provider and patient discussing the intent to discharge (this may also be in letter format)
- ACP/T report (when applicable)
- Funds needed up to date (large decision)
- For "No Issue": list of appointments received in prior 12 months, copy of most recent appointment letter (if along with copy of signed request)

Discharge description:  
\_\_\_\_\_  
\_\_\_\_\_

Provider Name: \_\_\_\_\_ PCP Name, if different: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE**

Date received in IT Department: \_\_\_\_\_  
Comments:  Additional documents required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved      Compliance Officer Signature: \_\_\_\_\_  
 Denied          Date: \_\_\_\_\_  
 Approved via email (attached) Date: \_\_\_\_\_  
 Sent to Managed Care      Date: \_\_\_\_\_

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