

**McLaren Print System Order**

**Order No: 42716**  
**Order Date: 2019-02-07**  
**User: TINA PLAUTZ**  
**Phone: 248-674-2259**

**Ship Location: MCLAREN OAKLAND WATERFORD MEDICAL ASSOCIATES**  
**3560 PONTIAC LAKE RD**  
**WATERFORD, 48328**

**Brochures**  
**Quantity: 100**  
**Paragon Dept No: 73000**  
**Dept Name: WATERFORD MEDICAL ASSOCIATES**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MHCC\_541**  
**Item Description: Financial Assistance Application Instructions**  
**Revision Date: 8/2016**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info: ss; color or black**



**Financial Assistance Application Instructions**

We will provide Financial Assistance for Medically Necessary services for patients who qualify.

Qualification for financial assistance will be based on the Federal Poverty Guidelines (published annually in the Federal Register). Patients who indicate that they do not have insurance or any other means of paying for medically necessary services may request consideration for Financial Assistance.

Patients applying for financial assistance MUST apply for all assistance through federal, state and local government programs (Medicaid, County Health Plans, Etc...) and provide proof of application and/or program denial to McLaren Health Care.

**PLEASE RETURN THE FOLLOWING DOCUMENTS:**

- COMPLETED FINANCIAL ASSISTANCE APPLICATION (incomplete ones will not be considered)
- PROOF OF HOUSEHOLD INCOME (LAST 12 CHECK STUBS, BANK STATEMENT OR OTHER PROOF)
- INCOME VERIFICATION FORM (IF YOU CURRENTLY DO NOT HAVE ANY INCOME)
- COPY OF LAST FILED TAX RETURN
- PLEASE NOTE IF ANY DOCUMENTATION IS UNATTAINABLE

McLaren Health Care may request additional financial documents necessary to process the Financial Assistance Application.

**PLEASE RETURN THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS WITHIN FOURTEEN (14) DAYS TO:**

McLaren Corporate Services  
Admin. Revenue Cycle Operations  
50820 Schoonhoven Rd.  
Shelby Township, MI 48315

**Spec Info:**

If you have any questions or need assistance completing the application please contact:  
Patient Financial Services  
Customer Services Department  
(844) 321-1317