

**McLaren Print System Order**

**Order No: 47172**  
**Order Date: 2019-07-23**  
**User: Lori Pidick**  
**Phone: 810-989-3320**

**Ship Location: McLaren Port Huron**  
**1221 Pine Grove Avenue**  
**Port Huron, MI 48060**

**Brochures**  
**Quantity: 200**  
**Paragon Dept No: 8155**  
**Dept Name: Materials Management**  
**Company Number: 480**

**Order Total Price: 34.10**

**Item Number: PH-18**  
**Item Description: ER COPAYMENT LETTER**  
**Revision Date: 5/2019**  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Misc Info: ss; no bleed; color; 70# offset**



Date of visit \_\_\_\_\_  
Visit number \_\_\_\_\_

While you were seen in the emergency room at McLaren Port Huron, we spoke about your insurance. I verified with your insurance provider that your coverage was active. During your visit you were unable to pay your emergency room copay of \$\_\_\_\_\_.

Which was identified by your insurance company. Please complete the bottom portion of this letter and return it with payment in the envelope provided or call the McLaren Cashier to pay your bill over the phone @ 810-987-0000 ext 2956.

If you have any questions, please call 877-755-7448 to speak with a representative regarding your bill.

Thank you.

Please indicate your method of payment:

Cash

Check-Payable to McLaren Port Huron

Credit Card: Visa MasterCard Discover American Express

Name of Card holder \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_

CVV (3-digit code on back of card) \_\_\_\_\_

Billing Zip code \_\_\_\_\_

**Spec Info:** This letter was sent regarding your ER copay only and does not include any additional ER charges billed to your provider or annual deductibles. ER physician charges are not included in your insurance copay.

\_\_\_\_\_  
Registration Clerk