

**McLaren Print System Order**

**Order No: 47855 Reprint Previous Order No: 5718**  
**Order Date: 2019-08-20**  
**User: Angela DeLaRosa**  
**Phone: 9893164262**

**Ship Location: McLaren Bay Primary Care/Attn Angela DeLaRosa**  
**4 Columbus Ave, Suite 380**  
**Bay City, MI 48708**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 69050**  
**Dept Name: McLaren Medical Group**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-34586**  
**Item Description: PATIENT DISMISSAL REQUEST FORM**  
**Revision Date: 5/2019**  
**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 DISMISSAL REQUEST FORM

Patient Name: \_\_\_\_\_ Office: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Insurance and ID: \_\_\_\_\_  
Patient Address: \_\_\_\_\_

**DISMISSAL FROM:**  
\_\_\_\_ Physician  
\_\_\_\_ Office  
\_\_\_\_ Region  
\_\_\_\_ Network

**DISMISSAL CATEGORY:**  
\_\_\_\_ No Show  
\_\_\_\_ Breakdown in provider-patient relationship  
\_\_\_\_ Non-Compliance Controlled Medicine Agreement  
\_\_\_\_ Prescription Fraud  
\_\_\_\_ Behavior  
\_\_\_\_ Other, describe: \_\_\_\_\_

See Quick Reference Dismissal Guide for supporting documentation needed to process this request.

Supporting documentation included

**DISMISSAL DESCRIPTION:**  
\_\_\_\_\_  
\_\_\_\_\_

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

**FOR INTERNAL USE ONLY**

Date received in Compliance Department: \_\_\_\_\_  
Previous Dismissals: \_\_\_\_\_

Comments:  Additional Documents Requested  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Approved  
\_\_\_\_ Denied  
\_\_\_\_ Sent to Managed Care  
\_\_\_\_ Cancelled

Compliance Office Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

MM-34586 5/2019