

**McLaren Print System Order**

**Order No: 47981**  
**Order Date: 2019-08-26**  
**User: shirley liddell**  
**Phone: 810-342-5333**

**Ship Location: McLaren OakBridge Center PHP - Shirley Liddell**  
**4448 Oakbridge**  
**FLINT, MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 43560**  
**Dept Name: McLaren OakBridge Center PHP**  
**Company Number: 60**

**Order Total Price: 18.00**

**Item Number: M-1848**  
**Item Description: Notice of Possible Financial Liability**  
**Revision Date: 2/2015**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: 5 Hole Top**  
**Misc Info:**

**McLaren Flint**  
**PARTIAL HOSPITALIZATION PROGRAM**  
**NOTICE OF POSSIBLE FINANCIAL LIABILITY**

Dear \_\_\_\_\_

The McLaren Flint Partial Hospitalization Program is operated by McLaren Flint. Because this facility is part of the hospital, we are required to file two claims to your insurance carrier(s): one claim for your visit to this hospital facility and a separate claim for the professional services of the physician who will be treating you.

Your insurance may require you to make a co-insurance payment for both this hospital visit and your physician's professional services. Your actual co-insurance payment depends on the services you receive from this hospital facility and from the physician.

We are unable to determine the amount of your co-insurance payment responsibility for any services until we have billed and received payment from your primary and, if applicable, secondary insurance. Once McLaren Flint has received payment from all insurance carriers, two separate bills will be mailed to you, one from the hospital and one from the physician.

This letter is to advise you in advance that you will receive two separate bills for today's services and any others associated with your current course of treatment for your co-insurance payment and deductible responsibilities.

For questions regarding your McLaren Flint bill, please contact Patient Accounts at (810) 342-2376.

Sincerely,  
McLaren Flint

Signature of Program Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the above and understand that I may receive two separate bills for today's services and any other associated with my current course of treatment.

Signature of Patient or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Spec Info:**

NOTICE OF POSSIBLE  
FINANCIAL LIABILITY  
4-10-2015



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