

McLaren Print System Order

Order No: 48187 Reprint Previous Order No: 5689
Order Date: 2019-08-29
User: Kelly Lewis
Phone: 810-496-0916

Ship Location: Midland Occupational and Convenient Care
801 Joe Mann Blvd.
Midland, MI 48642

Forms

Quantity: 100
Paragon Dept No: 56062
Dept Name: Midland Occupational and Convenient Care
Company Number: 810

Order Total Price: 0.00

Item Number: MM-151
Item Description: Prior Authorization / Financial Responsibility (Convenient / Prompt Care)
Revision Date: 9/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:



PRIOR AUTHORIZATION/ FINANCIAL RESPONSIBILITY

Your health insurance \_\_\_\_\_ requires prior authorization and/or network participation for each visit before being treated at a McLaren Convenient Care Center.

Please check one of the following categories that applies to your visit to this facility today:

- 1. This is a true medical emergency and immediate treatment is required.
2. My primary care physician, Dr. \_\_\_\_\_ or his/her alternate, Dr. \_\_\_\_\_ authorized treatment at McLaren Convenient/Prompt Care.
3. My primary care physician was not available. Authorization was obtained by calling the appropriate "hotline" number. Authorization number is \_\_\_\_\_.
4. I did not obtain the appropriate authorization.

Please provide the following information:

For illness - Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_
For injury - Date of injury \_\_\_\_/\_\_\_\_/\_\_\_\_ Where: \_\_\_\_\_
How: \_\_\_\_\_

I am aware that failure to obtain proper authorization may result in rejection of this claim and the charges would then become my responsibility.

Signature of Patient/Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PRIOR AUTHORIZATION/ FINANCIAL RESPONSIBILITY

MM-151-010

