

**McLaren Print System Order**

Order No: 48848  
 Order Date: 2019-09-24  
 User: Rachel Makinde  
 Phone: 5179756201

Ship Location: McLaren Greater Lansing Patient Access Attn: Sue Premo  
 401 W. Greenlawn Ave  
 Lansing, MI 48910

**Forms**

Quantity: 500  
 Paragon Dept No: 14765  
 Dept Name: Patient Access  
 Company Number: 160

Order Total Price: 0.00

Item Number: M-34570  
 Item Description: Request for Financial Assistance  
 Revision Date: 5/2012  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

- McLaren Bay Region
- McLaren Bay Spine/Ortho Care
- McLaren Cancer Institute
- McLaren Comford Michigan
- McLaren Cholesterol
- McLaren FIBI
- McLaren Greater Lansing
- McLaren Health Care
- McLaren Health Plan
- McLaren Hometown Group
- McLaren Lapeer Region
- McLaren Macomb
- McLaren Medical Center
- McLaren Oakland
- McLaren Ochspeck Hospital
- Northern Michigan Regional Hospital
- Other \_\_\_\_\_

**Request For Financial Assistance**

Head of Household/Spouse: \_\_\_\_\_ Ann. P# \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ D/C# \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Head of Household/Spouse: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ D/C# \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Please Check One:  Actively Employed  Not Employed  Retired  Disabled  
 If Employed - are you working:  Full time  Part time  Casual Average Hour/Week: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ D/C# \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Please Check One:  Actively Employed  Not Employed  Retired  Disabled  
 If Employed - are you working:  Full time  Part time  Casual Average Hour/Week: \_\_\_\_\_  
 Please list Age of Dependents (include self if dependent): \_\_\_\_\_

APPROXIMATE Values Method: With Checking and Credit From Accounts

Bank Name	City	Type of Account	Balance

**Spec Info:**

Do you own a vehicle?  Yes  No If Yes, list below:  
 Vehicle #1's vin: \_\_\_\_\_ If No, list below:  
 Vehicle #2's vin: \_\_\_\_\_ If No, list below:

Asset - Home, Vehicle, etc.	Market Value	Loan Payoff Outstanding