McLaren Business Products

McLaren Print System Order

Order No: 54237 Reprint Previous Order No: 5304
Order Date: 2020-05-13
User: Autumn Scherzer
Phone: 989-895-4648

Ship Location: East Medical Mall- Bay Regional Pediatrics Attn: Autumn
1456 W. Center Rd, Suite 1
Essexville, Michigan 48732
Forms
Quantity: 500
Paragon Dept No: 69640
Dept Name: Bay Pediatrics
Company Number: 810

Order Total Price: 0.00

Item Number: MM-105
Item Description: Notice of Financial Responsibility (Medicaid)
Revision Date: 8/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group

NOTICE OF FINANCIAL RESPONSIBILITY

Patient Name: _____ **Date of Birth:** _____

Date of Service: _____ **Insurance Carrier:** _____

Provider Name: _____

You are seeking treatment from this office and services may not be covered by your insurance for one or more of the following reasons. If you choose to receive services from this office, you will be expected to pay any amount not covered by your insurance.

____ You are not assigned to one of our Primary Care providers

____ This office does not participate with your insurance carrier

____ The services you are seeking may not be a covered benefit under your insurance

____ You do not have a valid authorization on file for the services you are seeking

____ Other: _____

Any questions regarding your insurance coverage should be directed to your insurance carrier

Patient Agreement:

I have been notified that treatment at this office may not be covered by my insurance for the reason(s) stated above. I understand the explanation given. I agree to be personally and fully responsible for any amount not covered by my insurance.

_____ _____
Patient or Guardian Signature Date

_____
Witness

MM-105 Rev. (8/19)