

McLaren Print System Order

Order No: 59706 Reprint Previous Order No: 58046
Order Date: 2021-01-16
User: VICKI YAROCH
Phone: 989-269-9521

Ship Location: MCLAREN THUMB REGION
1100 S VAN DYKE
BAD AXE, MI 48413

Forms

Quantity: 1000
Paragon Dept No: 2210
Dept Name: CENTRAL REGISTRATION
Company Number: 530

Order Total Price: 0.00

Item Number: 210.116
Item Description: Insurance Verification
Revision Date: 06/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER

MCLAREN THUMB REGION
INSURANCE VERIFICATION

Patient		DOB	Date of Surgery
Dr.		Procedure	Doctor
Date of Accident		Location	Pl. Home #
Primary Center		Policy	Insured
Secondary Center		Policy	Insured
Where Employed		Pre-Op	

Benefits	Primary	Secondary	Third
Pre Existing Wait Period	_____	_____	_____
Effective Date	_____	_____	_____
Exclusions/Explan	YES / NO	YES / NO	YES / NO
Deductible	_____	_____	_____
Percentage Covered	_____	_____	_____
Life Time Max	_____	_____	_____
Remaining Benefits	_____	_____	_____
Claim Form Needed	_____	_____	_____
Second Opinion	_____	_____	_____
Out of Pocket	_____	Pre-Get	Y _____ N _____

Verified with (name): _____

Phone # _____

Date Verified _____

Utilization Review

Phone # _____

Authorization # _____

Days Authorized _____

Authorized by _____

Patient Deductible _____ Paid on Surgery / Procedure Date _____

Advance Payment Required _____

Discussed with Patient on _____ By _____

210 116 06 18