

McLaren Print System Order

Order No: 61120
 Order Date: 2021-03-22
 User: Christine Swoish
 Phone: 810-342-2511

Ship Location: MCLAREN FLINT CASHIERS OFFICE 1ST FLOOR

Forms

Quantity: 500
 Paragon Dept No: 14765
 Dept Name: PATIENT ACCESS
 Company Number: 60

Order Total Price: 70.50

Item Number: M-10377
 Item Description: Patient Access Patient Information Sheet
 Revision Date: 11/2020
 Print: 1 sided full color
 Paper: 60# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: ss; color; no bleed; 60# offset

McLaren FLINT PATIENT ACCESS (810) 342-2936

PATIENT INFORMATION (Please Print) Date:

NAME: LAST, FIRST, MIDDLE INITIAL
 ADDRESS: CITY AND STATE ZIP CODE
 EMPLOYER NAME AND ADDRESS
 SOCIAL SECURITY NUMBER
 MEDICAL INSURANCE INFORMATION
 MEDICAL INSURANCE COMPANY NAME AND PHONE NUMBER

INJURY INFORMATION

DATE OF INJURY: INJURY TYPE: WORKER'S COMP: OTHER: YES/NO
 TYPE OF WORKER'S COMP OR AUTO INSURANCE COVERAGE
 POLICY NUMBER: CLAIM NO: NAME OF CLAIM REPRESENTATIVE/AGENT: PHONE:

INSURANCE INFORMATION

P E R S O N A L	INSURANCE COMPANY NAME: YES/NO	POLICY HOLDER'S SOCIAL SECURITY NUMBER
	POLICY HOLDER'S NAME	POLICY HOLDER'S ADDRESS
	EMPLOYER'S NUMBER ON YOUR INSURANCE CARD	GROUP OR YOUR INSURANCE CLASS
	POLICY HOLDER'S RELATIONSHIP TO PERSON	POLICY HOLDER'S BIRTHDATE
S E C O N D A R Y	INSURANCE COMPANY NAME: YES/NO	POLICY HOLDER'S SOCIAL SECURITY NUMBER
	POLICY HOLDER'S NAME	POLICY HOLDER'S ADDRESS
	EMPLOYER'S NUMBER	GROUP
	POLICY HOLDER'S RELATIONSHIP TO PERSON	POLICY HOLDER'S BIRTHDATE

Spec Info: