

**McLaren Print System Order**

**Order No: 62819 Reprint Previous Order No: 5300**  
**Order Date: 2021-06-06**  
**User: Kristin Fudge**  
**Phone: 9893932850**

**Ship Location: McLaren Bay Uptown Occupational Health**  
**4 Columbus Ave STE 140**  
**Bay City, mi 48708**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 69100**  
**Dept Name: Bay Uptown Occupational Health**  
**Company Number: 810**

**Order Total Price: 11.80**

**Item Number: MM-51**  
**Item Description: HMO Patient Financial Responsibility**  
**Revision Date: 10/2010**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group  
HMO PATIENT  
FINANCIAL RESPONSIBILITY

Your health insurance \_\_\_\_\_ requires a referral  
from your primary care physician (PCP) for each visit/procedure with a  
specialist.

I have requested a referral from my PCP. 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