

McLaren Print System Order

Order No: 7132

Order Date: 2014-11-14 User: cindy martin Phone: 517233-0170

Ship Location: eaton rapids womens health attn cindy

101 e spicervilley hwy eaton rapids, mi 48827

Forms

Quantity: 500

Paragon Dept No: 67425

Dept Name: mclaren greater lansing eaton rapids womens health

Company Number: 810

Order Total Price: 0.00

Item Number: MM-17469

Item Description: Consent for Treatment / Financial Authorization

Revision Date: 9/2014

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11

Fold: Finish: Drill: None Misc Info:

DECIMINATION OF THE ATMENT/PRIMARCHIC, AUTHORIZATION

practitioners to provide medical and minor surgical treatment, in	ysician, higher associates, assistants or other
is reps, medication administration, physical examination and some is deemed necessary and advisable. I am assess that the gractice and I adinoseledge that no-guarantees have been made to me as I have hereby authorized.	ring services, including drugblochor screening, as of medicine and surgery is not an essot science.
2 I authorize McLaren Health Care Disposition and its affiliates to re- roluting Medicare. Medicare, Blace Crossiffice Sheliti, commer- sionistic Medicare, Medicare, Blace Crossiffice Sheliti, commer- sionistic disposition and managed care plane, which may be responsible organizations and managed care plane, which may be responsible organization and managed care plane, which may be responsible organization and managed care plane, which may be responsible or a property of the plane of the plane of the plane of the plane of the to a social social sensition is except, if also, and psychological in the such disposition or agreements in the such provide sensition of managed to a social social sensition or agreement of the provide sensition of in the such disposition of the sensition of the sensition of the sensition of the sensition of the techniques of the sensition of the sensition of the sensition of the sensition of the sensition of the sensition of the sensition of the sensition of the sensition of the sensition of the sensition of the sensition of the sensition of the sensitio	cal health insurers, administrate to fault insures, mantherance organizations, preferred provider in to payment in my casa, or as required by less, consistent sensitivities any billings analyses to preferred unlike the regulations in ACPRIT, that sensors records including communications by me efficient consistent and in all failures to -release in such information from my medical record as as consistent to any independent auditors or reviewers.
 Hurther understand that my treatment may require more than one full time and effect from the date of signature until I am discharge be rendered at McLaren First, McLaren Lapeer Region, or other t 	d from treatment, I understand that treatment may
 It hereby assign payment directly to MicLaren Health Care Corp. otherwise payable to me-but not to exceed the balance due to to for charges for these services. 	
5. I assume full financial responsibility for payment of all services pr	
is not paid by insurance, workers' doablify compensation or six	
fi. I understand the content and significance of this form, and my o	sections have been answered.
Function person has a perculanceus, mucous membrane, or oper hads, the Molame Medical Group may perform, if and to be inside and other blood come pathogen hads, as headed, without any add profess Annie Allo Allo of 1986 of the State of Mehipan states that are additional consent, if a health professional or employee has a personapsions to my Stood or other Joseph Nada.	wound exposure to my blood or other body to, the following tests: an HSC tegatito screens, stonal consent. IV test may be performed upon me without any
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