

**McLaren Print System Order**

Order No: 7154  
Order Date: 2014-11-17  
User: lynn thomas  
Phone: 810-487-3500

Ship Location: Flushing Community Medical Center  
2487 N Elms Rd  
Flushing, MI 48433

**Forms**

Quantity: 100  
Paragon Dept No: 63600  
Dept Name: Flushing  
Company Number: 810

Order Total Price: 0.00

Item Number: MM-34586  
Item Description: Patient Discharge Prior Authorization  
Revision Date: 6/2014  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: None  
Misc Info:

McLaren Medical Group  
PATIENT DISCHARGE  
*Prior Authorization*

Patient Name: \_\_\_\_\_ Office: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insurance: \_\_\_\_\_

Discharge from:  
 Physician  
 Office  
 Network

Discharge Category:  
 No Issue  
 Breakdown in provider-patient relationship  
 Non-compliance with controlled medicine agreement  
 Prescription Fraud  
 Behavior  
 Other, describe: \_\_\_\_\_

Supportive documentation to be submitted:

- Evidence of communication between provider and patient discussing the intent to discharge (this may also be in letter format)
- ACP/T report (when applicable)
- Funds needed up to date (large decision)
- For "No Issue": list of appointments received in prior 12 months, copy of most recent appointment letter (if along with copy of signed request)

Discharge description:  
\_\_\_\_\_  
\_\_\_\_\_

Provider Name: \_\_\_\_\_ PCP Name, if different: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR INTERNAL USE

Date received in PI Department: \_\_\_\_\_  
Comments:  Additional documents required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved      Compliance Officer Signature: \_\_\_\_\_  
 Denied          Date: \_\_\_\_\_  
 Approved via email (attached) Date: \_\_\_\_\_  
 Sent to Managed Care      Date: \_\_\_\_\_

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