

McLaren Print System Order

Order No: 8587 Reprint Previous Order No: 5718  
Order Date: 2015-01-29  
User: Kirstie Goolsby  
Phone: 586-978-7930

Ship Location: Kirstie Goolsby-Rizzo  
30550 Utica Rd.  
Roseville, Michigan 48066

Forms

Quantity: 100  
Paragon Dept No: 72750  
Dept Name: MMG Macomb  
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 Show  
 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 pending up to one (1) year decision
- For "No Show": list of appointments missed in prior (3) months, copy of missed appointment letter (if along with copy of signed receipt)

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

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

FOR INTERNAL USE

Date received in IT 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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