

McLaren Print System Order

Order No: 9503
 Order Date: 2015-03-02
 User: Jennifer Dixon
 Phone: 810-342-2138

Ship Location: MRI / JENI DIXON
 750 S Ballenger Hwy
 Flint, MI 48532

Forms
 Quantity: 500
 Paragon Dept No: 32113
 Dept Name: MRI
 Company Number: 60

Order Total Price: 0.00

Item Number: M-22054
 Item Description: Insurance Pre Authorization Request
 Revision Date: 2/2015
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

MCLAREN FLINT
INSURANCE PRE-AUTHORIZATION REQUEST

Please Note:
 All Pre-auths, Referrals, and Authorizations must be put under the physical address of:
 600 S. Ballenger Hwy., Flint, MI 48532 (McLaren Regional Medical Center) (MI 48532)
 Fax (517) 363-5019

Ordering Physician: _____ / Fax: _____
 Patient's Name: _____ / Patient's DOB: _____
 All Health Insurances: _____
 Date of Service: ____/____/____ / Office Contact: _____ / Phone#: _____

Pre-Auth	CPT Code(s)
CT of _____	_____
CT of _____	_____
MRI of _____	_____
MRI of _____	_____
PET/CT _____	_____
Flu. Med _____	_____
Biopsy of _____	_____

A.I.M. (800) 728-8008
 Care Core (800) 752-8744
 Blue Care Network (800) 362-2512
 Other _____

If this facsimile has reached you in error, please contact the above person immediately. Your assistance is appreciated. Thank you.

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