

**McLaren Print System Order**

**Order No: 44306 Reprint Previous Order No: 5300**  
**Order Date: 2019-04-08**  
**User: Joann Provost**  
**Phone: 810-667-7335**

**Ship Location: McLaren Lapeer CMC**  
**1254 N. Main Street**  
**Lapeer, MI 48446**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 50504**  
**Dept Name: McLarenLapeer Community Medical Center**  
**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