

McLaren Print System Order

Order No: 44769 Reprint Previous Order No: 5718
 Order Date: 2019-04-22
 User: Aimee Wallrath
 Phone: 8109536483

Ship Location: McLaren Davison CMC
 10090 Lippincott Blvd.
 Davison, MI 48523

Forms

Quantity: 100
 Paragon Dept No: 50002
 Dept Name: McLaren Davison CMC
 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 discharge decision
- For "No Issue": list of appointments received in prior 12 months, copy of most recent 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 PI Department: _____
 Comments: Additional documents required _____

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