

McLaren Print System Order

Order No: 44862 Reprint Previous Order No: 5718
Order Date: 2019-04-25
User: tiffany mclaughlan
Phone: 5862864880

Ship Location: McLaren Womens Health Clinton Twp Attn: Tiffany
37400 Garfield
Clinton Township, Michigan 48036

Forms

Quantity: 100
Paragon Dept No: 52053
Dept Name: McLaren Womens Health Clinton Township
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 consent)

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: _____
