

McLaren Print System Order

Order No: 45990 Reprint Previous Order No: 5718
Order Date: 2019-06-05
User: Danielle Cahoon
Phone: 810-688-3093

Ship Location: McLaren Family Care Center/Danielle Cahoon
4482 Huron Street
North Branch, MI 48461

Forms

Quantity: 100
Paragon Dept No: 65250
Dept Name: McLaren Family Care Center-North Branch
Company Number: 810

Order Total Price: 0.00

Item Number: MM-34586
Item Description: PATIENT DISMISSAL REQUEST FORM
Revision Date: 5/2019
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 DISMISSAL REQUEST FORM

Patient Name: _____ Office: _____
Date of Birth: _____ Insurance and ID: _____
Patient Address: _____

DISMISSAL FROM:
____ Physician
____ Office
____ Region
____ Network

DISMISSAL CATEGORY:
____ No Show
____ Breakdown in provider-patient relationship
____ Non-Compliance Controlled Medicine Agreement
____ Prescription Fraud
____ Behavior
____ Other, describe: _____

See Quick Reference Dismissal Guide for supporting documentation needed to process this request.

Supporting documentation included

DISMISSAL DESCRIPTION:

Provider Name: _____ PCP Name, if specialist: _____
Provider Signature: _____ Date: _____
Manager Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Date received in Compliance Department: _____
Previous Dismissals: _____

Comments: Additional Documents Requested

____ Approved
____ Denied
____ Sent to Managed Care
____ Cancelled

Compliance Office Signature: _____
Date: _____
Date: _____
Date: _____

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