

McLaren Print System Order

Order No: 46825
Order Date: 2019-07-09
User: Carrie Haneckow
Phone: 810-342-2994

Ship Location: McLaren Flint-Nursing Office Attn: Carrie Haneckow
401 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 91730
Dept Name: Patient Experience Department
Company Number: 60

Order Total Price: 18.95

Item Number: M-1347
Item Description: Customer Satisfaction Reimbursement Form
Revision Date: 11/2013
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLAREN FLINT
CUSTOMER SATISFACTION REIMBURSEMENT FORM
36266 FORM

Patient Name: _____
Room Number: _____
Reporting Unit: _____
Employee: _____
Belongings Last Seen on Unit: _____

Description of Lost/Broken Item(s): (i.e. shoes, clothing, eyeglasses, etc.)

Total estimated value of item(s) \$ _____
(If amount is greater than \$200, send this form to Patient Experience 342-2994 for consideration.)

IN-PATIENTS

1) Nursing Office will provide cash reimbursement for up to \$200.
2) Provide the Nursing Office with the completed form to obtain the cash.
3) Present the patient/customer with cash in the amount of \$ _____ .
4) Return this form with patient/customer signature to the Nursing Office.

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____
Patient/Customer Signature: _____ Date: _____

The customer was: Satisfied Not Satisfied Unable to Determine

DISCHARGED PATIENTS:

1) Send completed form including the information below to Patient Relations.
2) A check will be generated from Patient Relations.
3) A check will be processed from Accounts Payable within 10 days:

Patient Name: _____ Telephone: _____
Make Check Payable to: _____ Amount: _____
Address: _____
City: _____ State: _____ Zip Code: _____

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36266 FORM
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Spec Info: