

McLaren Print System Order

Order No: 51227 Reprint Previous Order No: 22843
Order Date: 2019-12-27
User: Deb Paladi
Phone: 9898946583

Ship Location: McLaren Bay Hospital - Pt Access, Attn: Deb P
1900 Columbus Ave
48708,

Forms

Quantity: 500
Paragon Dept No: 90200
Dept Name: Patient Access
Company Number: 210

Order Total Price: 64.00

Item Number: MHCC-542-A
Item Description: Financial Assistance Application Instruction Packet
Revision Date: 11/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; color or black; 4 pages



Financial Assistance Application Instructions

We will provide Financial Assistance for Medically Necessary services for patients who qualify.

Qualification for financial assistance will be based on the Federal Poverty Guidelines (published annually in the Federal Register). Patients who indicate that they do not have insurance or any other means of paying for medically necessary services may request consideration for Financial Assistance.

Patients applying for financial assistance **MUST** apply for all assistance through federal, state and local government programs (Medicaid, County Health Plans, Etc...) and provide proof of application and/or program denial to McLaren Health Care.

PLEASE RETURN THE FOLLOWING DOCUMENTS:

- **COMPLETED FINANCIAL ASSISTANCE APPLICATION** (incomplete ones will not be considered)
- **PROOF OF HOUSEHOLD INCOME** (LAST 4 CHECK STUBS, BANK STATEMENT OR OTHER PROOF)
- **INCOME VERIFICATION FORM** (IF YOU CURRENTLY DO NOT HAVE ANY INCOME)
- **COPY OF LAST FILED TAX RETURN**
- **PLEASE NOTE IF ANY DOCUMENTATION IS UNATTAINABLE**

McLaren Health Care may request additional financial documents necessary to process the Financial Assistance Application.

PLEASE RETURN THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS WITHIN FOURTEEN (14) DAYS TO:

McLaren Corporate Services
Attn: Revenue Cycle Operations - Customer Service
50820 Sellowshair Rd.
Shelby Township, MI 48315

If you have any questions or need assistance completing the application please contact:
Patient Financial Services
Customer Services Department
(844) 321-1557