

McLaren Print System Order

Order No: 53267
 Order Date: 2020-03-11
 User: beth watteny
 Phone: 810-342-2247

Ship Location: MCLAREN FLINT CASHIER OFFICE
 401 SOUTH BALLENGER HWY
 FLINT, MI 48532

Forms
 Quantity: 500
 Paragon Dept No: 90200
 Dept Name: Financial Clearance
 Company Number: 60

Order Total Price: 0.00

Item Number: M-10377
 Item Description: Patient Access Patient Information Sheet
 Revision Date: 2/2020
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: ss; black & white

McLaren
 FLINT PATIENT ACCESS (810) 342-2936

PATIENT INFORMATION (Please Print) **Date:**

PATIENT NAME FIRST	MIDDLE	LAST	DOB (MM/DD/YYYY)	SEX	DATE OF BIRTH	AGE	SOCIAL SECURITY NO.
STREET ADDRESS			CITY AND STATE	ZIP CODE	HOME PHONE NO.	CELL PHONE NO.	
IF EMPLOYER & AGENCY EMPLOYEE (EMPLOYER'S NAME, INCLUDE SOC. SEC. # AND JOB)				EMPL. IDENTIFICATION	WORK PHONE NO.		
PATIENT'S EMPLOYER (NAME & ADDRESS)				WORK PHONE NO. (INCLUDE CITY)			
DESCRIBE YOUR JOB (PLEASE BE SPECIFIC)				ACTIVE	RETIRED	DISABLED	DATE
PERSON TO CONTACT (OTHER THAN YOUR HOME PHONE NO.)			RELATIONSHIP	WORK PHONE NO.			
PRIMARY DOCTOR (NAME AND PHONE NUMBER)							
DIAGNOSIS (OPTIONAL)							

INJURY INFORMATION

WAS THIS AN INJURY? YES NO INJURY DATE: _____

FOR ACCIDENT CLASS: AUTOMOBILE ACCIDENT WORKERS COMP. OTHER _____

EXPLAIN HOW INJURY OR PROBLEM OCCURRED

NAME OF CLAIMANT

POLICY HOLDER NAME: _____ CLAIM NO.: _____ NAME OF CLAIM REPRESENTATIVE: _____ PHONE: _____

INSURANCE INFORMATION

P R I M A R Y	INSURANCE COMPANY/CLAIMER	YES	NO	POLICY HOLDER'S SOCIAL SECURITY NUMBER
	POLICY HOLDER'S NAME			POLICY HOLDER'S BIRTHDATE
	CONTRACT ID NUMBER			GROUP
	POLICY HOLDER'S RELATIONSHIP TO PATIENT			
S E C O N D A R Y	INSURANCE COMPANY/CLAIMER	YES	NO	POLICY HOLDER'S SOCIAL SECURITY NUMBER
	POLICY HOLDER'S NAME			POLICY HOLDER'S BIRTHDATE
	CONTRACT ID NUMBER			GROUP
	POLICY HOLDER'S RELATIONSHIP TO PATIENT			

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Spec Info: