

## McLaren Print System Order

Order No: 59837 Reprint Previous Order No: 9914  
 Order Date: 2021-01-25  
 User: Hannah Howard  
 Phone: 231 487-2391

Ship Location: McLaren Northern -Burns Professional Building, Suite 560  
 560 West Mitchell Street, Suite 560  
 Petoskey, MI 49770

### Forms

Quantity: 100  
 Paragon Dept No: 53548  
 Dept Name: McLaren Northern Michigan Orthopedic Services  
 Company Number: 810

Order Total Price: 0.00

Item Number: M-34570  
 Item Description: Request for Financial Assistance  
 Revision Date: 5/2012  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

- McLaren Bay Region
- McLaren Bay Spine/Ortho Care
- McLaren Cancer Institute
- McLaren Central Michigan
- McLaren Charkota
- McLaren FHS
- McLaren Greater Lansing
- McLaren Health Care
- McLaren Health Plan
- McLaren Hometown Group
- McLaren Lapeer Region
- McLaren Macomb
- McLaren Medical Center
- McLaren Oakland
- McLaren Orthopedic Hospital
- Northern Michigan Regional Hospital
- Other \_\_\_\_\_

### Request For Financial Assistance

Total of Spouse/Partner: \_\_\_\_\_ Ann. P# \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Spouse Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Spouse Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Spouse Responsible Party (Check one): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Work Place: \_\_\_\_\_  
 Spouse Check One:  Annually Employed  Not Employed  Unemployed  Retired  Disabled  
 If Employed - are you working?  Full time  Part time  Casual Average Hour/Week: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Spouse Employer: \_\_\_\_\_  
 Spouse Check One:  Annually Employed  Not Employed  Unemployed  Retired  Disabled  
 If Employed - are you working?  Full time  Part time  Casual Average Hour/Week: \_\_\_\_\_  
 Please list Age of Dependents (include self if dependent): \_\_\_\_\_

TABLE 1 (2) - Assets (Real, IRAs, 401(k)s, 529s, etc.)

Asset Name	City	Type of Account	Balance

Do you own your home?  Yes  No If Yes, list below:  
 Do you own any other property? (Include IRAs, 401(k)s, etc.)  Yes  No If Yes, list below:

Asset Name, IRAs, 401(k)s, etc.	Market Value	Loan Amount Outstanding