

**McLaren Print System Order**

**Order No: 7956**  
**Order Date: 2015-01-05**  
**User: Wanda Graves**  
**Phone: (810) 342-2177**

**Ship Location: Nursing Office**  
**401 S. Ballenger HWY.**  
**Flint, Michigan 48532**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 91020**  
**Dept Name: Nursing Office**  
**Company Number: 60**

**Order Total Price: 18.35**

**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:**  
**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 letter 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: \_\_\_\_\_