

McLaren Print System Order

Order No: 9906 Reprint Previous Order No: 9905
Order Date: 2015-03-19
User: Lynette Clark
Phone: BALLENGER VILLAGE

Ship Location: BALLENGER VILLAGE/Lynette Clark
G1080 BALLENGER HWY Suite C-J
FLINT, MI 48532

Forms

Quantity: 1000
Paragon Dept No: 90010566430
Dept Name: PHYSICIAN BILLING
Company Number: 810

Order Total Price: 101.00

Item Number: M-121-A
Item Description: Insurance Refund
Revision Date: 3/2015
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish:
Drill:

Misc Info: Order the amount of forms you would like to receive. Finish size: 5.5 x 8.5 inches; 2 perfs, 1 cut

INSURANCE REFUND 90153

Claim # _____ Make Check Payable to: _____
Dr # _____ Site _____
Patient Name _____
Subscriber Name _____
Amount _____ Check No. _____

Claim # _____ Patient's Name _____
Subscriber Contract No. _____ Subscriber Name _____
Dr # _____ Site _____ Date of Service _____
Reason for Refund _____
Prepared By _____ Date _____

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