

McLaren Print System Order

Order No: 9930 Reprint Previous Order No: 9929
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: 142.00

Item Number: MM-176
Item Description: Dear Patient Letter (Financial Assistance Application)
Revision Date: 3/2015
Print: 1 sided full color
Paper: 70# White Text
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Misc Info:



401 South Balenger Hwy
Flint, Michigan
48532

tel: (810) 342-1000
fax: (810) 342-1063

mclaren.org

Dear Patient,

McLaren Medical Group offers a financial assistance program that you may be eligible to receive.

Please fill out the attached Financial Assistance Application and return it as soon as possible with the following:

- A copy of your most recent federal income tax return
- Or send us documentation stating any annual benefits you received. (Social Security, pension, or a bank statement showing a monthly Direct Deposit)

If you have no income, please request a Zero Income Verification Form.

If you have any questions on completing the application, please contact our office at 810-342-1000 or 800-624-1063.

Thank you,

McLaren Medical Group
Physician Billing
401 South Balenger Hwy
Flint, MI 48532