



## FLINT

Thank you for choosing McLaren Flint for your healthcare needs. During your visit today, important billing information was not provided. In order to correctly bill for your services, please provide the information requested below, and return this form within 3 business days. You may also call us directly at (810) 342-2195 24/7 to update your information.

### Please provide your Health Insurance information

Name of Carrier: \_\_\_\_\_

Enrollee ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### Please provide your Auto Insurance information

Name of your Insurance Company: \_\_\_\_\_

Name of your Insurance Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Michigan is a no-fault auto insurance State. Please find additional information at [Michigan.gov](http://Michigan.gov) if you have questions.

### Please provide your Worker Compensation information

Name of the Insurance Company: \_\_\_\_\_

Name of Adjuster: \_\_\_\_\_

Phone: \_\_\_\_\_

Claim Number: \_\_\_\_\_

### Other:

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Some services you receive in the Emergency Room are billed separately from the hospital. You will receive a separate bill from the Emergency Physician.