



PORT HURON

Date of visit: _____

Visit number: _____

While you were seen in the emergency room at McLaren Port Huron, we spoke about your insurance. I verified with your insurance provider that your coverage was active. During your visit you were unable to pay your emergency room copay of \$_____

Which was identified by your insurance company. Please complete the bottom portion of this letter and return it with payment in the envelope provided or call the McLaren Cashier to pay your bill over the phone @ 810-987-5000 ext 2958.

If you have any questions, please call 877-765-7448 to speak with a representative regarding your bill.

Thank you,

Please indicate your method of payment:

Cash

Check-Payable to McLaren Port Huron

Credit Card- Visa MasterCard Discover American Express

Name of Card holder _____

Card Number _____

Expiration date _____

CVV (3 digit code on back of card) _____

Billing Zip code _____

This letter was sent regarding your ER copay only and does not include any additional ER charges billed to your provider or annual deductibles. ER physician charges are not included in your insurance copay.

Registration Clerk