



BAY REGION

1900 Columbus Ave
Bay City, Michigan
48708

Tel (989) 894 3000

mclaren.org

Date _____

Dear _____

PA# _____

At McLaren Bay Region, we are committed to providing you with quality health care along with convenient and reliable billing services. This letter is to help you understand your co-payment/deductible responsibilities determined by your insurance company for services you have received.

Our records indicate that you are insured by _____ company and have a deductible/copayment balance of \$_____.

For your convenience, a payment can be made at any time during your stay at the Cashier/Financial Counseling Office (located on the Lobby Level) or once you are at home by calling 989-894-3109. The hospital accepts Visa, Discover, MasterCard, check, and cash. If it would be more convenient, a Registration clerk can come to your room to accept payment. Please call 989-894-3109 (or 43109 from your hospital room phone).

In the event, additional monies are owed, the hospital will bill you at your home address following your discharge. If you have any questions regarding this matter, please call the number listed on your statement.

Thank you,

McLaren Bay Region
Patient Access
989-894-3109