

1221 Pine Grove Ave. Port Huron, Michigan 48060

tel (810) 987 5000

mclaren.org

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Dear	PA#
health care along with convenie	e committed to providing you with quality nt and reliable billing services. This letter is to yment/deductible responsibilities determined by vices you have received.
	e insured by/copayment balance of \$
	nt can be made at any time during your stay at
•	ag Office (located on the Lobby Level) or once
	989-3112. The hospital accepts Visa, Discover,
	it would be more convenient, a Registration accept payment. Please call 810-989-3112 (or
93112 from your hospital room	
In the event, additional monies a	are owed, the hospital will bill you at your
home address following your di	scharge. If you have any questions regarding
this matter, please call the numb	per listed on your statement.
Thank you,	
McLaren Port Huron	
Patient Access	
810-989-3113	