

| PATIENT ACCESS | Date |
|--|---|
| 50 North Perry St. Pontiac, Michigan 48342 | |
| tel (248) 338 5705 | Dear PA# |
| mclaren.org | At McLaren Oakland 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 |
| | 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 Oakland |

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