



OCCUPATIONAL HEALTH & CONVENIENT CARE

- Bay City - 4 Columbus Ave, Suite 140, Bay City, MI 48708
- Lapeer - 1254 N Main St., Lapeer, MI 48446
- Grand Blanc - 2313 E. Hill Rd., Grand Blanc, MI 48439
- Central Comp - 1523 S. Mission St., Mt. Pleasant, MI 48858

Phone: (989) 377-4550
 Phone: (810) 667-7040
 Phone: (810) 496-0900 Fax: (810) 695-6497
 Phone: (989) 779-5600 Fax: (989) 772-4084

PRIOR AUTHORIZATION/FINANCIAL RESPONSIBILITY

Your health insurance _____ requires prior authorization and/or network participation for each visit before being treated at a McLaren Convenient Care Center.

Please check one of the following categories that applies to your visit to this facility today:

1. _____ This is a true medical emergency and immediate treatment is required.
2. _____ My primary care physician, Dr. _____ or his/her alternate, Dr. _____ authorized treatment at McLaren Convenient/Prompt Care.
3. _____ My primary care physician was not available. Authorization was obtained by calling the appropriate "hotline" number. Authorization number is _____.
4. _____ I did not obtain the appropriate authorization.

Please provide the following information:

For illness – Date of onset: _____ / _____ / _____

For injury – Date of injury: _____ / _____ / _____ Where: _____

How: _____

I am aware that failure to obtain proper authorization may result in rejection of this claim and the charges would then become my responsibility.

_____/_____/_____
Signature of Patient/Parent/Legal Guardian Date

**PRIOR AUTHORIZATION/
FINANCIAL RESPONSIBILITY**

PATIENT
NAME:

DATE OF
BIRTH: