McLaren
CARO REGION

Patient Name:
Medical Record Number:
Episode Number:
Date of Service:

Thank you for choosing McLaren Caro Region ("Hospital") for your health care needs.

In accordance with the utilization review and/or benefit requirements of your health plan, your insurance company requires authorization for your scheduled test/service to determine medical appropriate and coverage.

It is your physician's office responsibility to obtain the required authorization. As of today we have not received the authorization for the scheduled test/service. If the required authorization is not obtained prior to your scheduled test/service, your insurance company may deny or reduce your benefit coverage due to non-compliance with its program requirements. Should you choose to receive the service, you will be responsible to pay the charges.

You may wish to contact your physician's office to discuss the requested authorization. If you have any questions regarding the requirement for authorization please contact your insurance company or your employer.

This letter does not mean that we will not provide the test/service. This letter only provides notice to you that your insurance company may reduce or deny payment to the Hospital for your test/service. Therefore you will be responsible for all charges incurred as a result of receiving this test or service. If you would like to discuss your payment options, please contact the Financial Counselor at (989) 672-5080.

Thank you,

Stephanie Remley
Vice President of Finance
McLaren Caro Region

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

This is to acknowledge that I have received this notice of non-coverage letter from McLaren Caro Region. If the test/service is provided to the patient prior to obtaining authorization, I understand as the responsible party that the insurance company may not pay for the test/service. In that case, I agree to assume responsibility for the payment.

Signature of Patient or Responsible Party	Time	Date
Witness	Time	Date

*Original to Financial Counselor / Copy to Patient

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