McLaren Print System Order

Order No: 67889
Order Date: 2022-02-23
User: Debra Burley
Phone: 989-672-5156

Ship Location: **McLaren Caro Region Registration**
401 North Hooper Street Attention Debra
Caro , MI 48723
Forms
Quantity: 100
Paragon Dept No: 10500
Dept Name: MCR Registration
Company Number: 10

Order Total Price: 0.00

Item Number: M-34570
Item Description: Request for Financial Assistance
Revision Date: 9/21
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info:

Request For Financial Assistance

Total of Balance(s) Due _____ Acct. #'s _____

Patient Name _____ Social Security Number _____ DOB _____

Home Address _____ City _____ State ____ Zip Code _____

Home Phone _____ Alternate Phone _____

Name Responsible Party (Guarantor) _____ Social Security Number _____ DOB _____

Employer _____ Work Phone _____

Please Check One: ☐ Actively Employed   ☐ Self-Employed   ☐ Unemployed   ☐ Retired   ☐ Disabled

If Employed – are you working: ☐ Full-time ☐ Part-time ☐ Casual   Average # hrs/Week_____

Spouse's Name _____ Social Security Number _____ DOB _____

Spouse Employer_____

Please Check One: ☐ Actively Employed   ☐ Self-Employed   ☐ Unemployed   ☐ Retired   ☐ Disabled

If Employed – are you working: ☐ Full-time ☐ Part-time ☐ Casual   Average # hrs/Week_____

Name and Age of Dependents (include self & spouse)_____

_____

SAVINGS (CD, Money Market, IRA), Checking and Credit Union Accounts

Bank Name	City	Type of Account	Balance

Do you own your home? ☐ Yes ☐ No   If Yes, list below.

Do you own any other property? Vehicles, RV's, other real estate ☐ Yes ☐ No If Yes, list below.

ASSETS

Asset – Home, Vehicle, etc.	Market Value	Loan Amount Outstanding

Spec Info: