

**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:**



- McLaren-Bay Region
- McLaren-Bay Special Care
- McLaren Cancer Institute
- McLaren-Central Michigan
- McLaren-Clarkston
- McLaren-Flint
- McLaren-Greater Lansing
- McLaren Health Care
- McLaren Health Plan
- McLaren Homecare Group
- McLaren-Lapeer Region
- McLaren-Macomb
- McLaren Medical Group
- McLaren-Oakland
- McLaren-Orthopedic Hospital
- McLaren Northern Michigan
- McLaren Caro Region
- McLaren Thumb Region
- McLaren St. Lukes
- Other \_\_\_\_\_

### 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

Spec Info:

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