

McLaren Print System Order**Order No: 68123 Reprint Previous Order No: 67032****Order Date: 2022-03-04****User: Penny Marshall****Phone: 231-487-5400****Ship Location: McLaren Orthopedics ATTN PENNY
560 W Mitchell St Suite 560
Petoskey, MI 49770****Forms****Quantity: 100****Paragon Dept No: 53548****Dept Name: McLaren Northern Orthopedic Services****Company Number: 410****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

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