

**McLaren Print System Order**

Order No: 68136 Reprint Previous Order No: 58046  
 Order Date: 2022-03-05  
 User: VICKI YAROCH  
 Phone: 989-269-9521

Ship Location: **MCLAREN THUMB REGION**  
 1100 S VAN DYKE  
 BAD AXE, MI 48413

**Forms**

Quantity: 1000  
 Paragon Dept No: 2210  
 Dept Name: CENTRAL REGISTRATION  
 Company Number: 530

Order Total Price: 0.00

Item Number: 210.116  
 Item Description: Insurance Verification  
 Revision Date: 06/2018  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info: SS; BLACK; BOND PAPER

MCLAREN THUMB REGION  
INSURANCE VERIFICATION

Patient		DOB	Date of Surgery
Dr.		Procedure	Doctor
Date of Accident		Location	Pl. Home #
Primary Center		Policy	Insured
Secondary Center		Policy	Insured
Where Employed		Pre-Op	

Benefits	Primary	Secondary	Third
Pre Existing Wait Period	_____	_____	_____
Effective Date	_____	_____	_____
Exclusions/Explan	YES / NO	YES / NO	YES / NO
Deductible	_____	_____	_____
Percentage Covered	_____	_____	_____
Life Time Max	_____	_____	_____
Remaining Benefits	_____	_____	_____
Open Form Needed	_____	_____	_____
Second Opinion	_____	_____	_____
Out of Pocket	_____	Pre-Get	Y _____ N _____

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Verified with (name): \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Date Verified \_\_\_\_\_

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Utilization Review  
 Phone # \_\_\_\_\_  
 Authorization # \_\_\_\_\_  
 # Days Authorized \_\_\_\_\_  
 Authorized by \_\_\_\_\_

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Patient Deductible \_\_\_\_\_ Paid on Surgery / Procedure Date \_\_\_\_\_  
 Advance Payment Required \_\_\_\_\_  
 Discussed with Patient on \_\_\_\_\_ By \_\_\_\_\_

210 116 06 18