

**McLaren Print System Order**

**Order No:** 71470  
**Order Date:** 2022-07-28  
**User:** Melisa Main  
**Phone:** 810-987-5000-65106

**Ship Location:** McLaren Port Huron-Attn: Patient Access-Melisa Main  
1221 Pine Grove Ave  
Port Huron, MI 48060

**Brochures**  
**Quantity:** 300  
**Paragon Dept No:** 8155  
**Dept Name:** Patient Access  
**Company Number:** 480

**Order Total Price:** 51.15

**Item Number:** PHH-35  
**Item Description:** Compensation Pending Info Request Letter  
**Revision Date:** 7/2022  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Poster:**  
**Misc Info:** SS, Color



## Auto/Worker Compensation Pending Information Request Letter

Dear Patient / Guarantor: \_\_\_\_\_

Account/FIN Number: \_\_\_\_\_

Our records indicate that the services provided on \_\_\_\_\_ are related to an auto accident or worker compensation injury. You were unable to provide our Registration Department with your auto insurance or worker compensation information at the time of service, which is needed to appropriately bill your auto insurance or worker compensation carrier.

Please provide us with your insurance information below. You can either call our Registration Department at 810-989-3112 or return this form to us in the envelope provided. It is important that we receive this information in a timely manner. If we do not hear from you, we will bill you directly for the services provided until we have received your auto insurance information.

Auto or Worker Compensation Insurance Name: \_\_\_\_\_

Auto or Worker Compensation Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Adjuster Name & Contact Phone Number (if applicable): \_\_\_\_\_

If you are encountering difficulties meeting your financial responsibility, please inquire about our Financial Assistance program by contacting (586)-710-8300.

Spec Info: Thank you for choosing McLaren Healthcare for your needs. We look forward to serving you now and in the future.

Sincerely,

McLaren Healthcare