

**McLaren Print System Order**

**Order No: 73190 Reprint Previous Order No: 22843**  
**Order Date: 2022-10-26**  
**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: 810**

**Order Total Price: 12.80**

**Item Number: MHCC-542-A**  
**Item Description: Financial Assistance Application Instruction Packet**  
**Revision Date: 9/2020**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info: ss; color or black; 4 pages**



**Financial Assistance Application Instructions**

We will provide Financial Assistance for Medically Necessary services for patients who qualify.

Qualification for financial assistance will be based on the Federal Poverty Guidelines (published annually in the Federal Register). Patients who indicate that they do not have insurance or any other means of paying for medically necessary services may request consideration for Financial Assistance.

**PLEASE RETURN THE FOLLOWING DOCUMENTS:**

- COMPLETED FINANCIAL ASSISTANCE APPLICATION (incomplete ones will not be considered)
- PROOF OF HOUSEHOLD INCOME (LAST 4 CHECK STUBS AND 1 BANK STATEMENT OR OTHER PROOF OF INCOME)
- INCOME VERIFICATION FORM (IF YOU CURRENTLY DO NOT HAVE ANY INCOME)
- COPIES OF LAST FILED FEDERAL TAX RETURN
- PLEASE NOTE IF ANY DOCUMENTATION IS UNATTAINABLE

McLaren Health Care may request additional financial documents necessary to process the Financial Assistance Application.

**PLEASE RETURN THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS WITHIN FOURTEEN (14) DAYS TO:**

McLaren Corporate Services  
Attn: Revenue Cycle Operations - Customer Service  
50020 Schwaner Rd.  
Shelby Township, MI 48315  
**OR** [FinancialAssistance@mcclaren.org](mailto:FinancialAssistance@mcclaren.org)

All requested information must be returned in order to be processed/reviewed for Financial Assistance.  
If you have any questions or need any assistance with completing the application please contact:

Patient Financial Services  
Customer Services Department  
(844) 320-1577