McLaren Print System Order

Order No: 77631
Order Date: 2023-06-01
User: Holly Reibel
Phone: 248-627-3535

Ship Location: **McLaren Oakland Ortonville**
180 N. Ortonville Rd
Ortonville, Michigan 48462
Forms
Quantity: 100
Paragon Dept No: 73250
Dept Name: Mclaren Oakland Ortonville
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:
Poster:
Misc Info:

McLaren
HEALTH CARE

- ❏ 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