

McLaren Print System Order

Order No: 78722 Reprint Previous Order No: 5718
Order Date: 2023-08-08
User: TINA PLAUTZ
Phone: 248-674-2259

Ship Location: Waterford Medical Associates
5210 Highland Rd Suite 210
Waterford, MI 48327

Forms

Quantity: 100
Paragon Dept No: 73000
Dept Name: Waterford Medical Associates
Company Number: 810

Order Total Price: 0.00

Item Number: MM-34586
Item Description: PATIENT DISMISSAL REQUEST FORM
Revision Date: 5/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
PATIENT DISMISSAL REQUEST FORM

Patient Name: _____ Office: _____
 Date of Birth: _____ Insurance and ID: _____
 Patient Address: _____

DISMISSAL FROM:
 _____ Physician
 _____ Office
 _____ Region
 _____ Network

DISMISSAL CATEGORY:
 _____ No Show
 _____ Breakdown in provider-patient relationship
 _____ Non-Compliance Controlled Medicine Agreement
 _____ Prescription Fraud
 _____ Behavior
 _____ Other, describe: _____

See Quick Reference Dismissal Guide for supporting documentation needed to process this request.

Supporting documentation included

DISMISSAL DESCRIPTION:

Provider Name: _____ PCP Name, if specialist: _____
 Provider Signature: _____ Date: _____
 Manager Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Date received in Compliance Department: _____
 Previous Dismissals: _____

Comments: Additional Documents Requested

____ Approved _____ Compliance Office Signature: _____
 ____ Denied _____ Date: _____
 ____ Sent to Managed Care _____ Date: _____
 ____ Cancelled _____ Date: _____

MM-34586 5/2019