

FINANCIAL RESPONSIBILITY REMINDER



**As a reminder, you
have an outstanding
co-pay of \$ _____**

*SEE BACK FOR
PAYMENT OPTIONS*

Account Number:

Date of Service:

To Send Check Payment by Mail:

McLaren Health Care Corporation
50820 Schoenherr Road, Shelby Township, MI 48315

Please include this card with account number and date of service with check payment.

To Pay by Phone:

Financial Clearance

Phone: 1-800-625-2736, OPTION 6

Monday thru Friday, 8:00 a.m. to 5:00 p.m.

We accept Visa, Mastercard and Discover payments by phone.

To pay your bill online, please visit

www.mclaren.org/main/pay-your-bill

We accept credit/debit card or eCheck for online payments.