McLaren Print System Order

Order No: 79605 Reprint Previous Order No: 5506
Order Date: 2023-09-25
User: Mary Bitzer
Phone: 18103421711

Ship Location: Mclaren Fenton CMC Primary Care / ATTN Mary Bitzer
2420 Owen Rd, Suite A
Fenton, MI 48430

Forms
Quantity: 500
Paragon Dept No: 50013
Dept Name: Mclaren Fenton CMC Primary Care
Company Number: 810

Order Total Price: 117.00

Item Number: MM-474
Item Description: Influenza Consent Form
Revision Date: 8/2021
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info: This form must be ordered with DCH-0457


McLaren
MEDICAL GROUP
INFLUENZA CONSENT & ADMINISTRATION FORM
FOR MEDICARE PATIENTS ONLY
I request that this provider be paid authorized Medicare benefits on my behalf for any services furnished to me. I authorize any holder of medical or other information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits for related services. I understand that I am responsible for the charges if my Medicare coverage is not appropriate. Medicare Number
Patient Signature ❑ Payment to Patient ❑ Payment to Provider