

McLaren Print System Order

Order No: 82163 Reprint Previous Order No: 58046
Order Date: 2024-01-06
User: VICKI YAROCH
Phone: 989-269-9521

Ship Location: MCLAREN THUMB REGION
1100 S VAN DYKE
BAD AXE, MI 48413

Forms

Quantity: 2500
Paragon Dept No: 2210
Dept Name: CENTRAL REGISTRATION
Company Number: 530

Order Total Price: 75.50

Item Number: 210.116
Item Description: Insurance Verification
Revision Date: 06/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER

MCLAREN THUMB REGION
INSURANCE VERIFICATION

| | | |
|------------------|-----------|-----------------|
| Patient | DOB | Date of Surgery |
| Dr. | Procedure | Doctor |
| Date of Accident | Location | Pl. Home # |
| Primary Center | Policy | Insured |
| Secondary Center | Policy | Insured |
| Where Employed | Pre-Op | |

| Benefits | Primary | Secondary | Third |
|--------------------------|----------|-----------|-----------------|
| Pre Existing Wait Period | _____ | _____ | _____ |
| Effective Date | _____ | _____ | _____ |
| Exclusions/Explan | YES / NO | YES / NO | YES / NO |
| Deductible | _____ | _____ | _____ |
| Percentage Covered | _____ | _____ | _____ |
| Life Time Max | _____ | _____ | _____ |
| Remaining Benefits | _____ | _____ | _____ |
| Open Form Needed | _____ | _____ | _____ |
| Second Opinion | _____ | _____ | _____ |
| Out of Pocket | _____ | Pre-Get | Y _____ N _____ |

Verified with (name): _____

Phone # _____

Date Verified _____

Utilization Review

Phone # _____

Authorization # _____

Days Authorized _____

Authorized by _____

Patient Deductible _____ Paid on Surgery / Procedure Date _____

Advance Payment Required _____

Discussed with Patient on _____ By _____

210 116 06 18