

**McLaren Print System Order**

Order No: 84479  
Order Date: 2024-04-11  
User: Kimberly Strauss  
Phone: 2483385021

Ship Location: McLaren Oakland - East Tower Lobby Attn: Kim Strauss  
50 North Perry St  
Pontiac, MI 48342

**Forms**

Quantity: 500  
Paragon Dept No: 14765-1240  
Dept Name: Patient Access  
Company Number: 310

Order Total Price: 83.80

Item Number: MHCC-542-A  
Item Description: Financial Assistance Application Instruction Packet  
Revision Date: 05/2021  
Print: 2 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: Staple (Upper Left)  
Drill: None  
Poster:  
Misc Info: ss; color or black; 4 pages



**Financial Assistance Application Instructions**

We will provide Financial Assistance for Medically Necessary services for patients who qualify.

Qualification for financial assistance will be based on the Federal Poverty Guidelines (published annually in the Federal Register). Patients who indicate that they do not have insurance or any other means of paying for medically necessary services may request consideration for Financial Assistance.

**PLEASE RETURN THE FOLLOWING DOCUMENTS:**

- **COMPLETED FINANCIAL ASSISTANCE APPLICATION** (incomplete ones will not be considered)
- **PROOF OF HOUSEHOLD INCOME**  
Michigan Residents: Last 4 check stubs and 2 bank statements or other proof of income  
Ohio Residents: 3 months proof of income
- **INCOME VERIFICATION FORM** (IF YOU CURRENTLY DO NOT HAVE ANY INCOME)
- **COPY OF LAST FILED FEDERAL TAX RETURN**
- **PLEASE NOTE IF ANY DOCUMENTATION IS UNATTAINABLE**

McLaren Health Care may require additional financial documents necessary to process the Financial Assistance Application.

**Spec Info:**

**PLEASE RETURN THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS WITHIN FOURTEEN (14) DAYS TO:**

McLaren Corporate Services  
Attn: Revenue Cycle Operations - Customer Service  
50820 Schoenborn Rd.  
Shelby Township, MI 48315  
OR FinancialAssistance@mcclaren.org

All requested information must be returned in order to be processed/reviewed for Financial Assistance.  
If you have any questions or need any assistance with completing the application please contact:

Patient Financial Services  
Customer Services Department  
(844) 321-1557