

McLaren Print System Order

Order No: 85951
Order Date: 2024-06-04
User: Jonese Saint Claire
Phone: 517-913-3820

Ship Location: Attn: Jonese S- Family Medicine North
1540 Lake Lansing Road, Suite 202
lansing, MI 48912

Form
Quantity: 100
Paragon Dept No: 54502
Dept Name: MMG20
Company Number:

Order Total Price: 4.48

Item Number: M-34570
Item Description: Request for Financial Assistance
Revision Date: 9/21
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Poster:
Misc Info:



- McLaren-Bay Region
- McLaren-Bay Special Care
- McLaren Cancer Institute
- McLaren-Central Michigan
- McLaren-Clarkston
- McLaren-Flint
- McLaren-Greater Lansing
- McLaren Health Care
- McLaren Health Plan
- McLaren Homecare Group
- McLaren-Lapeer Region
- McLaren-Macomb
- McLaren Medical Group
- McLaren-Oakland
- McLaren-Orthopedic Hospital
- McLaren Northern Michigan
- McLaren Caro Region
- McLaren Thumb Region
- McLaren St. Lukes
- Other _____

Request For Financial Assistance

Total of Balance(s) Due _____ Acct. #'s _____

Patient Name _____ Social Security Number _____ DOB _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____

Name Responsible Party (Guarantor) _____ Social Security Number _____ DOB _____

Employer _____ Work Phone _____

Please Check One: Actively Employed Self-Employed Unemployed Retired Disabled

If Employed – are you working: Full-time Part-time Casual Average # hrs/Week _____

Spouse's Name _____ Social Security Number _____ DOB _____

Spouse Employer _____

Please Check One: Actively Employed Self-Employed Unemployed Retired Disabled

If Employed – are you working: Full-time Part-time Casual Average # hrs/Week _____

Name and Age of Dependents (include self & spouse) _____

SAVINGS (CD, Money Market, IRA), Checking and Credit Union Accounts

| Bank Name | City | Type of Account | Balance |
|-----------|------|-----------------|---------|
| | | | |
| | | | |
| | | | |
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Spec Info:

Do you own your home? Yes No If Yes, list below.

Do you own any other property? Vehicles, RV's, other real estate Yes No If Yes, list below.

ASSETS

| Asset – Home, Vehicle, etc. | Market Value | Loan Amount Outstanding |
|-----------------------------|--------------|-------------------------|
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