

McLaren Print System Order

Order No: 86251
 Order Date: 2024-06-14
 User: VICKI YAROCH
 Phone: 989-269-9521

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

Brochures
 Quantity: 2500
 Paragon Dept No: 2210
 Dept Name: REGIST
 Company Number: THB10

Order Total Price:

Item Number: 210.116
 Item Description: Insurance Verification
 Revision Date: 06/2018
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info:

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	_____	_____	_____
Cash Form Needed	_____	_____	_____
Second Opinion	_____	_____	_____
Out of Pocket	_____	Pre-Get	Y _____ N _____

Verified with (name): _____
 Phone # _____
 Date Verified _____

Utilization Review _____
 Phone # _____
 # Days Authorized _____
 Authorized by _____

Patient Deductible _____ Paid on Surgery / Procedure Date _____
 Advance Payment Required _____
 Discussed with Patient on _____ By _____

210.116.06.18

Spec Info: