McLaren Business Products

McLaren Print System Order

Order No: 86252
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: REGISTRATION
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:	Pt. Home #:
Primary Carrier:	Policy:	Insured:
Secondary Carrier:	Policy:	Insured:
Where Employed:	Pre-Op:	

Benefits	Primary	Secondary	Third
Pre Existing Wait Period			
Effective Date			
Exclusions/Explain	YES / NO	YES / NO	YES / NO
Deductible			
Percentage Covered			
Life Time Max			
Remaining Benefits			
Claim Form Needed			
Second Opinion			
Out of Pocket		Pre-Cert:	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: