

**McLaren Print System Order**

**Order No:** 87222  
**Order Date:** 2024-07-25  
**Order Request Date:**  
**User:** TINA PLAUTZ  
**Phone:** 248-674-2259

**Ship Location:** Waterford Medical Associates  
5210 Highland Rd  
WATERFORD TWP, MI 48327

**Brochures**  
**Quantity:** 100  
**Paragon Dept No:** 73000  
**Dept Name:** Waterford Medical Associates  
**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

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

Spec Info: