

McLaren Print System Order

Order No: 87223
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: 3.35

Item Number: MHCC-608-MNM
Item Description: SUMMARY OF FINANCIAL ASSISTANCE
Revision Date: 04/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info:



SUMMARY OF FINANCIAL ASSISTANCE

<p>Our General Financial Assistance Policy Under our facility's Financial Assistance Policy, we provide financial assistance for emergency and other medically necessary care.</p> <p>All applicants will be screened for Medicaid coverage and must cooperate with the Medicaid representatives to be eligible for assistance under our financial assistance policy. If you are eligible for financial assistance under our policy, you will receive discounted assistance based on income and family size.</p> <p>To Apply for Assistance:</p> <ol style="list-style-type: none"> Obtain our Financial Assistance Application. Complete application and submit to McLaren Patient Financial Services with supporting documents listed on the first page of the application within 30 days of receipt. Complete applications will be processed within 3-4 weeks of receipt. A determination letter will be mailed to you once your application has been processed. 	<p>Charges Will Not Exceed Amounts Generally Billed If you receive an amount of financial assistance under our policy, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having insurance.</p> <p>How to Obtain Copies of our Financial Assistance Policy and Financial Assistance Application You may obtain a copy of our Policy and the Financial Assistance Application Form through one of the following:</p> <ol style="list-style-type: none"> On McLaren Health Care's website at www.mclaren.org/health/financial.aspx In the joint registration, in our emergency department, or in any of our Financial Counselor or Center Offices. If you contact a Financial Counselor or Customer Service Representative, we will mail you a copy of our Financial Assistance Policy and Application Form free of charge. Please call (248) 710-8300 or 1-800-321-1887 for help. <p>How to Obtain Additional Information and Assistance Regarding our Financial Assistance Policy For information regarding our Financial Assistance Policy and Financial Assistance Application Form, please contact our Financial Counselors located at a McLaren Hospital, or call (248) 710-8300 or 1-800-321-1887.</p>
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Copies of our Financial Assistance Policy are available in English, Spanish, Arabic, Polish, Croatian, Malay, Hindi, Russian, Persian, Urdu, Chinese (Simplified), Tagalog, Vietnamese, Korean and Thai.

SUMMARY OF FINANCIAL ASSISTANCE

MHCC-608-MNM-01

Spec Info: