

**McLaren Print System Order**

Order No: 87226  
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: 12.80

Item Number: MHCC-542-A  
Item Description: Financial Assistance Application Instruction Packet  
Revision Date: 05/2021  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Poster:  
Misc Info: ss; color or black; 4 pages



**Financial Assistance Application Instructions**

We will provide Financial Assistance for Medically Necessary services for patients who qualify.

Qualification for financial assistance will be based on the Federal Poverty Guidelines (published annually in the Federal Register). Patients who indicate that they do not have insurance or any other means of paying for medically necessary services may request consideration for Financial Assistance.

**PLEASE RETURN THE FOLLOWING DOCUMENTS:**

- COMPLETED FINANCIAL ASSISTANCE APPLICATION (incomplete ones will not be considered)
- PROOF OF HOUSEHOLD INCOME  
*Michigan Residents: Last 4 check stubs and 2 bank statements or other proof of income*  
*Other Residents: 3 months proof of income*
- INCOME VERIFICATION FORM (IF YOU CURRENTLY DO NOT HAVE ANY INCOME)
- COPY OF LAST FILED FEDERAL TAX RETURN
- PLEASE NOTE IF ANY DOCUMENTATION IS UNATTAINABLE

McLaren Health Care may request additional financial documents necessary to process the Financial Assistance Application.

**PLEASE RETURN THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS WITHIN FOURTEEN (14) DAYS TO:**

McLaren Corporate Services  
Attn: Revenue Cycle Operations - Customer Service  
50820 Schoenbeck Rd.  
Shelby Township, MI 48315  
OR [FinancialAssistance@mcclaren.org](mailto:FinancialAssistance@mcclaren.org)

All requested information must be returned in order to be processed/reviewed for Financial Assistance.  
If you have any questions or need any assistance with completing the application please contact:

Patient Financial Services  
Customer Services Department  
(944) 321-1557

Spec Info: