

McLaren Print System Order

Order No: 88605
Order Date: 2024-10-01
User: Lori Loll
Phone: 5864933529

Ship Location: McLaren Macomb Cashier office c/o Lori Loll
1000 Harrington Boulevard
Mount Clemens, MI 48043

Forms

Quantity: 1000
Paragon Dept No: 90200
Dept Name: McLaren Macomb
Company Number: 260

Order Total Price: 80.00

Item Number: MHCC-542-A
Item Description: Financial Assistance Application Instruction Packet
Revision Date: 05/2021
Print: 2 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
Ohio 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 require additional financial documents necessary to process the Financial Assistance Application.

Spec Info:

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

McLaren Corporate Services
Attn: Revenue Cycle Operations - Customer Service
50820 Schoenborn Rd.
Shelby Township, MI 48015
OR 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
(844) 321-1557