

McLaren Print System Order

Order No: 89196
Order Date: 2024-10-22
Order Request Date:
User: Teresa Wenzlick
Phone: 9897795692

Ship Location: McLaren Central Comp/ReadyCare - Attn: Shannon
1523 S Mission St
Mt. Pleasant, MI 48858

Brochures
Quantity: 100
Paragon Dept No: 55802
Dept Name: Teresa Wenzlick
Company Number:

Order Total Price: 11.80

Item Number: MM-51
Item Description: HMO Patient Financial Responsibility
Revision Date: 10/2010
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info:

McLaren Medical Group
HMO PATIENT
FINANCIAL RESPONSIBILITY

Your health insurance _____ requires a referral from your primary care physician (PCP) for each visit/procedure with a specialist.

I have requested a referral from my PCP. I am aware that failure to obtain proper authorization may result in rejection of this claim and the charges would then become my responsibility.

Signature of Patient/Parent/Legal Guardian

Date

McLaren Medical Group
HMO PATIENT
FINANCIAL RESPONSIBILITY
Originalled Rec. Copy/Printed

Date/Time

Date/Time

Spec Info: