

McLaren Print System Order

Order No: 91337
Order Date: 2025-01-08
Order Request Date:
User: Jennifer Melcher
Phone: 989-779-5637

Ship Location: McLaren Central Michigan / Attn: Miranda Lundie in LAB
1221 South Dr
Mt Pleasant, MI 48858

Brochures
Quantity: 5
Paragon Dept No: 24400
Dept Name: Supply Chain Management
Company Number:

Order Total Price: 16.75

Item Number: CEN-013 (654-66)
Item Description: PATIENT SERVICES AUTHORIZATION Form
Revision Date: 08/2024
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 100/Pkg 8.5x11 SS Black

McLAREN CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858
PATIENT SERVICES AUTHORIZATION FORM

Form with fields for Patient Name, Birth date, SS Number, Account Number, Patient Address, Patient Insurance, Reason for Request, Date to be Performed, Hospital Department, Test(s)/Service(s) Requested, ICD-10 Code, Order Start Date, Order Stop Date, Frequency, Physician Address, Physician Office Phone Number, Physician Office Fax Number, Request Information Obtained from, Request Information Received by, Date & Time, Physician/Qualified Healthcare Practitioner Signature, Date.

McLaren Central Michigan is required to obtain written verification for all verbal and/or incomplete test/service requests, as well as for renewal of expired standing orders. The items ordered above are required to complete this process.

If this form was faxed to you, please sign and fax back to _____ at _____
If this form was mailed to you, please sign and return in the envelope provided.

FOR OFFICE USE ONLY: Faxed to Physician/Other's office for signature on (note date and time):
By (initials): _____ Fax number sent to: _____
Mailed to Physician/Other's office for signature on (note date):
By (initials): _____ Address mailed to: _____

Spec Info: Original Poster Size

