

McLaren Print System Order

Order No: 91732
Order Date: 2025-01-21
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: 57004
Dept Name: Waterford Medical Associates
Company Number:

Order Total Price: 3.35

Item Number: MM-34586
Item Description: PATIENT TERMINATION REQUEST FORM
Revision Date: 11/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info:

McLaren Medical Group
PATIENT TERMINATION REQUEST FORM
Patient Name: _____ Practice: _____
Date of Birth: _____ Insurance and ID#: _____
Patient Address: _____
TERMINATION FROM:
____ Provider
____ Practice
____ Region
____ Network
TERMINATION CATEGORY:
____ No Show
____ Breakdown in provider/patient relationship
____ Non-Compliance Controlled Medicine Agreement
____ Fraud (e.g., Prescriptions)
____ Behavior
____ Other, describe: _____
TERMINATION DESCRIPTION:

Provider Name: _____ PCP Name, if specialist: _____
Provider Signature: _____ Date: _____
Manager Signature: _____ Date: _____
FOR INTERNAL USE ONLY
Date entered into safety first: _____
Previous Downloads: _____
Comments: Additional Documents Requested

Spec Info: Original Poster Size