

Dear Patient,

McLaren Medical Group offers a financial assistance program that you may be eligible to receive.

Please fill out the attached Financial Assistance Application and return it as soon as possible with the following:

- A copy of your most recent federal income tax return
- Or send us documentation stating any annual benefits you received. (Social Security, pension, or a bank statement showing a monthly Direct Deposit)

**If you have no income, please request a Zero Income Verification Form.**

If you have any questions on completing the application, please contact our office at 810-342-1000 or 800-624-1063.

Thank you,

McLaren Medical Group  
Physician Billing  
401 South Ballenger Hwy.  
Flint, MI 48532