McLaren MEDICAL GROUP

Return Mail Address
PO Box 441575, Detroit, MI 48244-1575

1 IF PAYING BY MASTERCARD, VISA, DISCOVER OR AMERICAN EXPRESS FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

☐ MasterCard ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS

CARD NUMBER	CVV CODE	AMOUNT

SIGNATURE	EXP. DATE

2 STATEMENT DATE	3 PAY THIS AMOUNT	4 PLUS ACCT #
04/07/2013	$192.93	999999

5 Amount Paid $

6 033113_MMMI_000001
JOHN DOE
123 MAIN ST
ANYTOWN, US 12345-6789

7 MAKE CHECKS PAYABLE AND REMIT TO:

MCLAREN MEDICAL GROUP
PO BOX 77000
DEPT 77312
DETROIT, MI 48277-0312

10433 000000999999 00000000000002065555 0019293 4

To pay your bill online, please visit www.mclaren.org/MMGPayYourBill

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT

2 Bill Date:	04/07/2013	3 Balance:	$192.93
8 Patient:	SEE DETAIL LISTINGS	4 Plus Acct #:	999999

DATE	DESCRIPTION	9 CHARGES	10 PAYMENTS\ ADJUSTMENTS
	DOE, JANE 9999999		
02/29/12	OFFICE OUTPATIENT VISIT EST	73.00	
	PHYSICIAN: SMITH, JOHN LOCATION: MCLAREN LAPEER MAIN STREET		
	BCBSM		-15.67
	PATIENT RESPONSIBLE	**57.33**	
02/29/12	SUBSEQUENT HOSPITAL CARE	148.00	
	PHYSICIAN: SMITH, JOHN LOCATION: MCLAREN LAPEER MAIN STREET		
	BCBSM		-12.40
	PATIENT RESPONSIBLE	**135.60**	

TOTAL AMOUNT YOU OWE: **$192.93**

MESSAGE:

Payment is due upon receipt. Please return payment in full with this statement or call Physician Billing at 1-866-814-9536 or 810-342-6505 for a payment plan. Monday-Friday 9 a.m. to 5 p.m.

McLaren MEDICAL GROUP

FOR CHANGE OF ADDRESS, MISSPELLINGS OR OTHER ERRORS, PLEASE PRINT CORRECTIONS

Patient's Name			Phone # ( )
Patient's Address	City	State	Zip Code

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO SO HERE:

PRIMARY INSURANCE COVERAGE	Patient's Relationship to Insured ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER	**SECONDARY INSURANCE COVERAGE**	Patient's Relationship to Insured ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER
Insurance Company Name	Phone # ( )	Insurance Company Name	Phone # ( )
Insurance Company Address		Insurance Company Address	
Policy Holder's Name	Birthdate / /	Policy Holder's Name	Birthdate / /
Policy & Group #	Policy Effective Date / /	Policy & Group #	Policy Effective Date / /
Employee's Name	Phone # ( )	Employee's Name	Phone # ( )
Employer's Address		Employer's Address	

1 If paying by CREDIT CARD, please complete the section:
- CARD NUMBER: Enter credit card number.
- AMOUNT: Enter amount approved for payment.
- SIGNATURE: Signature of card holder.
- EXP. DATE: Enter date on which card expires.

2 STATEMENT DATE: Date on which this form was produced. Statement includes all transactions posted on or before this date.

3 PAY THIS AMOUNT/BALANCE: Amount currently due for the patient/responsible party.

4 PLUS ACCOUNT #: Number used to identify the account.

5 AMOUNT PAID: Enter amount being paid.

6 RESPONSIBLE PARTY: Name/mailing address of the person responsible for payment.

7 PAYMENT MAILING ADDRESS: When placing top section of statement in return envelope, be sure that this address is visible in the window.

8 PATIENT NAME: Person who received services.

9 CHARGES: Charges incurred on the account since the last statement.

10 PAYMENTS/ADJUSTMENTS: Total of 1) payments by insurance and/or responsible party and 2) adjustments (such as credits, allowances or discounts) made to the account since the last statement.

MCLAREN FINANCIAL AGREEMENT

You agreed to pay, at the time of registration, any amounts due under the terms of your insurance coverage including, but not limited to, copayments, co-insurance, deductibles and non-covered services. If you do not have insurance coverage, you understand that the charges for medical services are your responsibility and agree to make payment for such amounts. If Mclaren's Physician Billing Department does not receive payment within (30) days from the date such balance is due, the bill may be turned over to an attorney or collection agency. If so, you agreed to pay all reasonable collection costs including attorney's fees and/or collection fees in addition to the amounts owed for services. You understood that, in most cases, your physician's professional services are billed through this department and that you may receive an additional statement from the hospital for the technical component of the service.