

Hometown Health 1234 Main Street Lisle, IL 60532

January 25th, 2010

Mr. Joe Smith 456 Long Winding Road Lisle, IL 60532

Patient Name Joe Smith

Responsible Party Joe Smith

Date of Service January 1, 2010

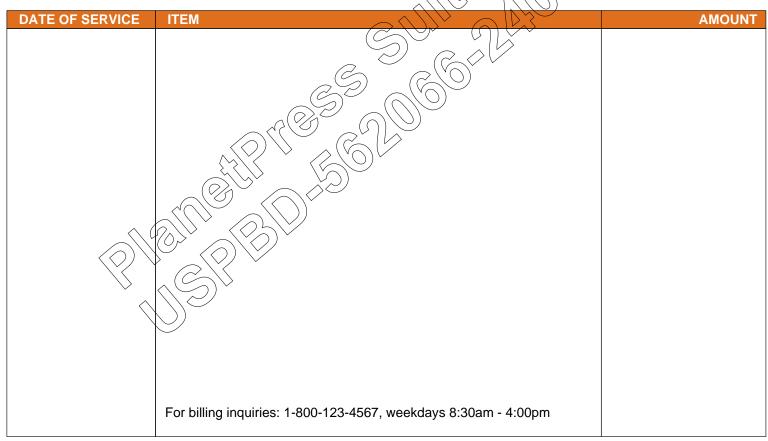
0123-4567-89

Account Number

Insurance / Plan Name Major Medical Corp - PPO

For questions or information, please call 1-800-123-4567 or visit at: www.hthsample.com

BILL



Please return bottom portion with your payment (Allow 7-10 days for postal delivery)

DUE DATE February 12, 2010

ACCOUNT NUMBER 0123-4567-89

Fill out below for credit card payments















Please write your account number on your check. Make check payable to Hometown Health Medical.

Please Pay This Amount						

PRINT NAME ON CARD

CARD NUMBER EXPIRATION DATE

SIGNATURE

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Dear Mr. Smith,

Thank you for choosing Hometown Health Medical for your family's healthcare needs.

We have submitted your claim for the above date of service to your insurance carrier: Major Medical Corp.-PPO. It takes approximately thirty days for the claim to be processed. After your insurance company pays us, we'll provide you with information about any amount you may owe.

If we do not have your correct insurance or contact information, or if you have any further questions, please return the form attached below or call our Billing Help Line: 1-800-123-4567, weekdays 8:00am - 4:30pm.

We hope you will always feel confident in Hometown Health's commitment to your health.

Sincerely,

Joe Smith
Director of Patient Financial Services
Hometown Health

PLEASE CALL 1-800-123-4567 TO UPDATE ANY INFORMATION.

ADDRESS CHANGE			INSURANCE UPDATE			
RESPONSIBLE PARTY NAME			INSURANCE COMPANY NAME GROUP POLICY PLAN NUMBER			
ADDRESS			CLAIM MAILING ADDRE	SS		
CITY	STATE ZIP	·	CITY	STATE	ZIP	
HOME TELEPHONE	WORK TELEPI	HONE	POLICYHOLDER NAME			
POLICYHOLDER IDENTIFICATION NUMBER		ADDRESS				
PERSONS COVERED BY POLICY		CITY	STATE	ZIP		
			EFFECTIVE FROM	EFFECTI	VE TO	
			POLICYHOLDER'S EMPLOYER NAME			
NAME	DATE FROM	DATE TO				