Hometown Health

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

Account Number
0123-4567-89

Date of Service
January 1, 2010

Insurance / Plan Name
Major Medical Corp - PPO

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

BILL

DATE OF SERVICE	ITEM	AMOUNT
	For billing inquiries: 1-800-123-4567, weekdays 8:30am - 4:00pm	

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

DUE DATE
February 12, 2010

ACCOUNT NUMBER
0123-4567-89

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

Please Pay This Amount

Fill out below for credit card payments

[ ] MasterCard [ ] VISA [ ] American Express [ ] Discover

_____
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

RESPONSIBLE PARTY NAME

ADDRESS

CITY STATE ZIP

HOME TELEPHONE WORK TELEPHONE

POLICYHOLDER IDENTIFICATION NUMBER

PERSONS COVERED BY POLICY

NAME	DATE FROM	DATE TO

INSURANCE UPDATE

INSURANCE COMPANY NAME GROUP POLICY PLAN NUMBER

CLAIM MAILING ADDRESS

CITY STATE ZIP

POLICYHOLDER NAME

ADDRESS

CITY STATE ZIP

EFFECTIVE FROM EFFECTIVE TO

POLICYHOLDER'S EMPLOYER NAME