



312 Simpson Avenue
Hometown, IL 60206

February 4, 2003



Mr. John McGuirk
520 Pleasant Street
Hometown, IL 60610

Patient Name
John McGuirk

Responsible Party
John McGuirk

Account Number
0123-4567-89

Date of Service
January 27, 2003

Insurance/Policy Name
Major Medical Corp.-PPO

**For questions or information, please call 1 800 555-5555
or visit www.hometownhealth.com**

Dear Mr. McGuirk,

Thank you for choosing Hometown Health 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: 1-800-555-5555, weekdays 9:00 a.m. until 8:00 p.m., and Saturday 9:00 a.m. until 2:00 p.m.

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

Sincerely,

Brendan Small
Director of Patient Financial Services
Hometown Health

Please call 1-800-555-5555 to update any information.

ADDRESS CHANGE

RESPONSIBLE PARTY NAME

ADDRESS

CITY STATE ZIP

HOME TELEPHONE WORK TELEPHONE

POLICYHOLDER IDENTIFICATION NUMBER

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

PERSONS COVERED BY POLICY

| | | |
|--|--|--|
| | | |
| | | |
| | | |

NAME

DATE FROM DATE TO



312 Simpson Avenue
Hometown, IL 60206

Patient Name
John McGuirk

Account Number
0123-4567-89

March 1, 2003

Date of Service
January 27, 2003



Responsible Party
John McGuirk

Mr. John McGuirk
520 Pleasant Street
Hometown, IL 60610

Insurance/Plan Name
Major Medical Corp.- PPO

**For questions or information, please call 1 800 555-5555
or visit www.hometownhealth.com**

BILL

| DATE OF SERVICE | ITEM | AMOUNT |
|-----------------|---|-----------------|
| 01/27/2003 | CURRENT HOSPITAL CHARGES | \$5,399.50 |
| | Patient Payment | 0.00 |
| | Adjustments | - 1,079.90 |
| | Amount Paid by Insurance | - 3,887.64 |
| | DUE FROM PATIENT: Please Pay This Amount | \$431.96 |
| | This bill represents hospital charges only. You may receive additional bills related to your visit. For billing inquiries: 1-800-555-5555, weekdays 9:00 a.m. until 8:00 p.m., and Saturday 9:00 a.m. until 2:00 p.m. | |

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

| | | | |
|-----------------|-----------------------|--|-------------------------------|
| Due Date | Account Number | Please write your account number on your check. Make check payable to Hometown Health. | Please Pay This Amount |
| March 21, 2003 | 0123-4567-89 | | \$431.96 |

Fill out below for credit card payments

[] [] [] []

PRINT NAME ON CARD

CARD NUMBER EXPIRATION DATE

SIGNATURE



Hometown Health
312 Simpson Avenue
Hometown, IL 60206



312 Simpson Avenue
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Patient Name
John McGuirk

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John McGuirk

Mr. John McGuirk
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BILL

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| DATE OF SERVICE | ITEM | AMOUNT |
|-----------------|---|----------------|
| 01/27/2003 | Patient: John McGuirk Evaluation/Management Level 3 Established Diagnosis: 37515 Dry Eye Syndrome Moore MD | |
| | Current Charges | \$109.50 |
| | Patient Payment | 0.00 |
| | Adjustments | - 10.95 |
| | Amount Paid by Insurance | - 88.55 |
| | DUE FROM PATIENT: Please Pay This Amount | \$10.00 |
| | For billing inquiries: 1-800-555-5555, weekdays 9:00 a.m. until 8:00 p.m., and Saturday 9:00 a.m. until 2:00 p.m. | |

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

| | | | |
|-----------------|-----------------------|---|-------------------------------|
| Due Date | Account Number | Please write your account number on your check. Make check payable to Hometown Health. | Please Pay This Amount |
| March 21, 2003 | 0123-4567-89 | | \$10.00 |

Fill out below for credit card payments

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PRINT NAME ON CARD

CARD NUMBER

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Hometown, IL 60206