



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](http://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](http://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
	<b>DUE FROM PATIENT: Please Pay This Amount</b>	<b>\$431.96</b>
	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)**

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

**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  
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

**BILL**

**For questions or information, please call 1 800 555-5555  
or visit [www.hometownhealth.com](http://www.hometownhealth.com)**

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
	<b>DUE FROM PATIENT: Please Pay This Amount</b>	<b>\$10.00</b>
	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)**

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

**Fill out below for credit card payments**

[ ] [ ] [ ] [ ]



\_\_\_\_\_  
PRINT NAME ON CARD

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SIGNATURE

**Hometown Health**  
312 Simpson Avenue  
Hometown, IL 60206