

Your Hospital

SAMPLE123 Midtown Blvd
Midtown,
IL 60610

Patient Name:

Julie Smith

Responsible Party:

Julie Smith

Account Number:

0123-4567-89

Insurance/Plan Name

BlueCross BlueShield

HOSPITAL BILLBill to: [Name]
[Street Address]
[City, ST ZIP Code]For questions or information, please call 1-800-555-5555 or visit
www.hometownhealth.com

Date of Service	Type of Service	Date	Billed Charges	Amount Paid By Plan	Adjustments	Patient Payments	Due From Patient
3/22/08	Inpatient Medical						
			Billed Charges	\$ 7,500.00			
			BlueCross Payment	4/1/2007	\$ 6,000.00		
			BlueCross Adjustment	4/1/2007	\$ 1,400.00		
			<u>Due from Patient:</u>				\$ 100.00
			Patient Payment	4/30/2007		\$ 50.00	
			<u>Balance due</u>				\$ 50.00
			SUBTOTAL	\$ 7,500.00	\$ 6,000.00	\$ 1,400.00	\$ 50.00
			TOTALS	\$ 7,500.00	\$ 6,000.00	\$ 1,400.00	\$ 50.00
			DUE FROM PATIENT				\$ 50.00

This Bill represents current activity only. You may receive additional bills from the radiologist, pathologists, etc (This would be hospital specific). This bill does not include any amount due from the patient that has been referred to a collection agency. For billing inquiries or a request for a detailed statement, please call 1-800-555-5555, weekdays 9:00 am until 8:00 pm, Saturday 9:00 am until 2:00 pm

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

Due Date

Account Number

August 1, 2007

0123-4567-89

Fill out below for credit card payments

☐ Master Card ☐ Visa ☐ American Express ☐ Discover

Your Hospital

312 Simpson Ave

Hometown, IL 60206

PRINT NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE

Make all checks payable to Your Hospital

Thank you for your business!

MidTown
Orthopedics

SAMPLE

123 Midtown Blvd
Midtown, IL 60610

Patient Name:

Julie Smith

Responsible Party:

Julie Smith

Account Number:

0123-4567-89

Insurance/Plan Name

CIGNA

DOCTOR BILL

Bill to: [Name]
[Street Address]
[City, ST ZIP Code]

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Date of Service	Type of Service	Date	Billed Charges	Amount Paid By Plan	Adjustments	Patient Payments	Due From Patient
3/22/08	Office Visit						
	New Patient Office Visit		\$ 155.00				
	X-Ray Knee 2 Views		\$ 79.00				
	Knee Immosbilizer		\$ 57.00				
	CIGNA Payment	4/15/2007		\$ 113.47			
	CIGNA Adjustment	4/15/2007			\$ 104.61		
	<i>Due from Patient:</i>						\$ 72.92
	Patient Payment	5/1/2007				\$ 25.00	
	<i>Balance due from Patient</i>						\$ 47.92
SUBTOTAL			\$ 291.00	\$ 113.47	\$ 104.61	\$ 25.00	\$ 47.92
TOTALS			\$ 291.00	\$ 113.47	\$ 104.61	\$ 25.00	\$ 47.92
DUE FROM PATIENT:							\$ 47.92

This Bill represents current activity only. You may receive additional bills from the radiologist, pathologists, etc (This would be hospital specific). This bill does not include any amount due from the patient that has been referred to a collection agency. For billing inquiries or a request for a detailed statement, please call 1-800-555-5555, weekdays 9:00 am until 8:00 pm, Saturday 9:00 am until 2:00 pm

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

Due Date Account Number

July 1, 2007

0123-4567-89

Fill out below for credit card payments

☐ Master Card ☐ Visa ☐ American Express ☐ Discover

PRINT NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE

MidTown Orthopedics
123 Midtown Blvd
Midtown, IL 60610

Make all checks payable to Midtown Orthopaedics

Thank you for your business!