

LITTLETON REGIONAL HOSPITAL
 DBA ALPINE CLINIC
 PO BOX 32
 ANDOVER NH 03216
 888-270-5344

Statement Date	Due Date	Account Number
03/27/2013	Upon Receipt	2727821
Amount Due		
\$144.56		

Patient Name: JANE DOE

Addressee:

JANE DOE
 123 MAIN STREET
 LITTLETON NH 03561

Remit To:

LITTLETON REGIONAL HOSPITAL
 DBA ALPINE CLINIC
 PO BOX 32
 ANDOVER NH 03216

Please detach along this line and return the top portion with your payment.

FOR BILLING QUESTIONS, PLEASE CALL 888-270-5344

Visit Date	Provider	Procedure - Diagnosis - Description	Procedure Fee	Insurance Amount	Patient Amount	Patient Pays/ Adjustments	Patient Balance
03/27/2013	MACARTHUR	99213 - 354.0 - OFFICE OUTPT	144.56	0.00	144.56	0.00	144.56

Messages	Total Patient Balance: \$144.56
Thank you for selecting Littleton Regional Hospital dba Alpine Clinic for your healthcare needs. Your Health and satisfaction are our primary concerns. The balance due is your responsibility.	Billing Inquiries: LITTLETON REGIONAL HOSPITAL DBA ALPINE CLINIC PO BOX 32 ANDOVER NH 03216 888-270-5344