



Thank you for choosing Littleton Regional Hospital for your healthcare needs.

Statement date: 6/15/2012
Guarantor Number: 1249
Responsible Party: JOHN DOE
Due Date: Upon Receipt

REQUEST FOR PAYMENT

Account Summary (All Accounts)

Total Charges \$ 424.00
Insurance Payments / Adjustments -\$ 344.00
Patient Payments \$ 0.00
Insurance Pending \$ 0.00

AMOUNT YOU OWE \$ 80.00

If paying this bill creates a financial hardship, you may be eligible for reduced costs for these services. Contact our Patient Financial Counselor at 603-444-9560 to discuss these options.

Important Information

Please review the insurance information on the following pages. If there is a change, please contact the business office at 603-259-7627. Note: Littleton Regional Hospital may bill for both professional and facility fees for certain accounts. These will be shown on your statement as two separate line items with the same account number but different invoice and the same date of service.

Important Message

LRH statements have changed to better serve you. You will now receive a consolidated statement for visits after September 30, 2011.

This statement contains services billed by the hospital and employed physicians only. Other physician services will be billed separately.

Payment and Other Information



To learn more about Littleton Regional Hospital and our billing policies, visit us online at www.littletonhospital.org.



Payment methods include mail, and over the telephone.



If you need to speak with Patient Financial Services regarding your account, please call 603-259-7627.



PO Box 160
Littleton, NH 03561-0160

Account No(s).
107456
133006

Pay By Mail

Account #: 107456-0001

Amount Due
\$ 80.00

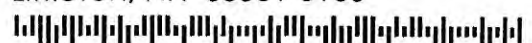
Due Date
Upon Receipt

Amount Paid
\$

Table with 3 columns: Credit Card Number, Exp. Date, Circle Card; and 2 rows: Credit Card Holder's Signature, CVV Code.

LIT10G 1675687
JOHN DOE
000 MAIN ROAD
TOWN/CITY,STATE 00000

Littleton Regional Hospital
PO Box 160
Littleton, NH 03561-0160



Patient Name JANE DOE			Insurance 1: HEALTH PLANS INC Insurance 2: None on file				
Service Date	Account Number	Description of Service	Total Charges	Insurance Payments / Adjustments	Patient Payments	Insurance Pending	AMOUNT YOU OWE
11/09/2011	107456-0001	LABORATORY	\$ 336.00	- \$ 296.00	\$ 0.00	\$ 0.00	\$ 40.00
Third Notice:							
Please send payment in full within (10) ten days or call our office to arrange payment terms to take care of this obligation. Please include your account number on your check to ensure prompt, accurate crediting of your account. If payment has been made since the date of this statement, please accept our thank you in advance. Sincerely, Littleton Regional Hospital Business Office: (603)259-7627.							

Patient Name JOHN DOE			Insurance 1: HEALTH PLANS INC Insurance 2: None on file				
Service Date	Account Number	Description of Service	Total Charges	Insurance Payments / Adjustments	Patient Payments	Insurance Pending	AMOUNT YOU OWE
04/17/2012	133006-0001	LABORATORY	\$ 88.00	- \$ 48.00	\$ 0.00	\$ 0.00	\$ 40.00
Your insurance has processed this claim and the balance due is your responsibility. You may contact Littleton Regional Hospital Business Office with questions regarding your account at (603)259-7627.							

Due Date	AMOUNT YOU OWE
Upon Receipt	\$ 80.00

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below.

1249

NEW ADDRESS		CITY	STATE	ZIP CODE	NEW PHONE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT			POLICY ID #		GROUP #
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER		INSURANCE PHONE #	
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)					
INSURANCE COMPANY NAME			INSURANCE ADDRESS		
EMPLOYER			EMPLOYER ADDRESS		