

PO Box 160
 Littleton, NH 03561-0160
 LRH Physicians Billing Services

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JOHN DOE
 12345 ANYSTREET ST
 ANYCITY, TN 37210-2345

Statement Date	08/08/2012
Patient Name	JANE DOE
Account Number	123456
Amount Due Now	\$377.40

SEE REVERSE SIDE FOR FINANCIAL ASSISTANCE AND BILLING POLICY

MESSAGES	DESCRIPTION		
<p>Thank you for selecting Littleton Regional Hospital for your family's healthcare needs. Your health and satisfaction are our primary concerns.</p> <p>Sincerely,</p> <p>Littleton Regional Hospital</p> <p>Business Office: (888) 270-5344</p> <p>Office hours are 8:00AM-4:30PM Eastern</p>	Date of Service	Description	Amount
	02/04/2012	Claim:128579, Provider: Richard E. Caesar, MD	
	02/04/2012	Facility: Littleton Regional Hospital Ed	
	02/04/2012	99244 CONSULT OFFICE LEVEL 4	296.00
	02/15/2012	UNINSURED ADJUSTMENT	-44.40
	02/15/2012	Your Balance Due On These Services ...	251.60
	03/02/2012	Claim:131111, Provider: Richard E. Caesar, MD	
	03/02/2012	Facility: Urological Associates Littleton	
	03/02/2012	81002 URINALYSIS NONAUTO W/O SCOPE	9.00
	03/02/2012	99213 OFFICE VISIT EST PT LEVEL 3	139.00
	03/07/2012	UNINSURED ADJUSTMENT	-22.20
	03/07/2012	Your Balance Due On These Services ...	125.80

Date	Patient Name	Account Number	Patient Responsibility
08/08/2012	JANE DOE	123456	\$377.40

CHECK CARD USING FOR PAYMENT

CARD NUMBER	CVV2	AMOUNT PAID
SIGNATURE		EXP. DATE
ACCOUNT BALANCE	ACCOUNT NUMBER	DATE
\$377.40	123456	08/08/2012
NAME JANE DOE		

Please remit payment to:

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

Please check box if address or insurance information has changed and indicate change(s) on reverse side.

BILLING POLICY

Please be aware that each time you receive services from the hospital a separate account is created. It is possible to have several accounts open at the same time. If you provided us with insurance information, your insurance company will be billed as a courtesy to you.

The amount not covered by insurance is the responsibility of the guarantor or responsible party. Your estimated portion is due in full upon receipt of billing.

Please understand that you are personally responsible for this bill

Insurance is designed to reimburse the policyholder for a loss and is a contract between the policyholder and the insurance company. We will submit benefit claims to your insurance company if all required information and authorization is provided to us. **You are responsible for deductibles, co-insurance, and non-covered items not paid by insurance.** Generally, we allow 30 days for insurance to pay their portion. In the event that your insurance company is slow to pay or for some reason disallows the claim, payment of the full account balance is expected from you. If your insurance company does not pay your claim timely, you may be asked to contact your insurance company or your employer.

Financial Assistance Information

If paying this bill creates financial hardship, you may be eligible for reduced costs for these services. A Patient Financial Counselor is available to provide assistance. Please call (603) 444-9560 to speak to a Patient Financial Counselor.

Physician Billing Information

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services. Should you have any questions concerning their bill, please contact them directly.