

HospitalBillReview Cover Sheet

Patient Name _____

Contact Phone # _____

Email Address _____

Address _____

I am interested in the following service:

_____ Bill Review & Information Only (Call for pricing, normally less than \$200)

_____ Information and Negotiation Services (See website for copies Customer Agreement & Medical Release form)

Payment will be made as follows:

_____ I will mail a check for the full amount to the address below

_____ Please email me a secure link so I may pay by credit card

Email Address _____

Send the following information:

- Completed Cover Sheet.
- Itemized Medical and Hospital bills
- UB92 Claim form (if the hospital has sent you a copy)

You can fax the above information to (512)681-9411

Or,

You can email the information directly to us at info@HospitalBillReview.com

Or,

Mail the information to: Marc Chapman
 Chapman Consulting
 14604 Mansfield Dam Ct Unit #1
 Austin, Texas 78734

After payment has been received the completed review and report will be mailed to you within 3 business days. Please let us know if you would also like us to email or fax the report back to you.

Other notes or Comments: _____

If you have any questions please call us at 1-800-906-8085.