



**Hannibal
Regional
Hospital**

6000 Hospital Dr.
P.O. Box 1257
Hannibal, MO 63401
573-248-5461

BILL FOR SERVICES



RESPONSIBLE PARTY:

VISIT NUMBER

BILLING DATE



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

VISIT NUMBER

BILLING DATE

AMOUNT ENCLOSED \$ _____

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

IF PAYING BY MASTERCARD, VISA, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT



CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

HRH-1683-1

MAKE CHECKS PAYABLE TO:

Payment in full is due on the statement's due date, however, we understand that you may not be able to pay the balance in full at this time. Our financial counselors are available to explain payment policies and discuss available options with you. If you were a patient at Hannibal Regional Hospital on more than one occasion, you will be billed separately for each service date.

FOR YOUR INFORMATION

While a patient of Hannibal Regional Hospital you **may** have received services from other healthcare providers and will be billed separately by those providers. Those services may include:

- Your personal physician**
- Consulting physicians**
- Radiology Services**
- Pathology Services**
- Ambulance Services**

Thank you for using Hannibal Regional Hospital

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

RESPONSIBLE PARTY INFO/ADDRESS CORRECTION

YOUR NAME (Last, First, Middle Initial)		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE ()	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
SOCIAL SECURITY NUMBER		
EMPLOYER'S NAME	TELEPHONE ()	
EMPLOYER'S ADDRESS		
CITY	STATE	ZIP
PATIENTS NAME		

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME		
PRIMARY INSURANCE COMPANY'S ADDRESS		
CITY	STATE	ZIP
POLICY HOLDER'S ID NUMBER	GROUP PLAN NUMBER	
SECONDARY INSURANCE COMPANY'S NAME		
SECONDARY INSURANCE COMPANY'S ADDRESS		
CITY	STATE	ZIP
POLICY HOLDER'S ID NUMBER	GROUP PLAN NUMBER	