

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					
	MasterCard MASTERCARD	VISA DISCOVER DISCOVER	EXPRESS AMERICAN EXPRESS		
	CARD NUMBER		AMOUNT		
	SIGNATURE		EXP. DATE		
	BILLING DATE	ACCOUNT NUMBER	DUE FROM PATIENT		

BILLING DATE		AMOUNT ENCLOSED \$
ACCOUNT NUMBER		,

RESPONSIBLE PARTY:

MAKE CHECKS PAYABLE TO:

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



PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT RESPONSIBLE PARTY INFO/ADDRESS CORRECTION (ABOUT YOUR INSURANCE:) YOUR PRIMARY INSURANCE COMPANY'S NAME YOUR NAME (Last, First, Middle Initial) ADDRESS PRIMARY INSURANCE COMPANY'S ADDRESS CITY STATE ZIP CITY ZIP TELEPHONE □ Separated□ Divorced□ Widowed MARITAL STATUS POLICY HOLDER'S ID NUMBER GROUP PLAN NUMBER □ Single□ Married SOCIAL SECURITY NUMBER SECONDARY INSURANCE COMPANY'S NAME EMPLOYER'S NAME TELEPHONE SECONDARY INSURANCE COMPANY'S ADDRESS **EMPLOYER'S ADDRESS** CITY STATE ZIP CITY ZIP STATE

HRMG-1684-1

PATIENTS NAME

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.

POLICY HOLDER'S ID NUMBER

GROUP PLAN NUMBER

Shelbina Family Practice	Center Family Practice	Monroe City Family Practice	Shinn Lane Medical Center
400 S. Center St.	401 E. Hwy 19	Salt River Plaza	175 Shinn Lane
Shelbina, MO 63468	Center, MO 63436	Monroe City, MO 63456	Hannibal, MO 63401
LaGrange Medical Clinic	Canton Medical Clinic	HRMG Optometry	Professional Podiatry Services
120 N. Main	210 N. 7th	413 Broadway	109 Virginia Street Ste 100
LaGrange, MO 63448	Canton, MO 63435	Hannibal, MO 63401	Hannibal, MO 63401