



## Cover Sheet

Chapman Consulting, LLC / [www.HospitalBillReview.com](http://www.HospitalBillReview.com)

Patient Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**I am interested in the following service:**

\_\_\_\_\_ Bill Review & Information Only (Call for pricing)

\_\_\_\_\_ 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](mailto:info@HospitalBillReview.com)

Or,

Mail the information to:

Marc Chapman

Chapman Consulting, LLC

12891 Park Drive

Austin, Texas 78732

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: \_\_\_\_\_

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