



CHAPMAN CONSULTING

Experts in Healthcare Claims Resolution

Cover Sheet

Chapman Consulting, LLC / 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

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)

Email the information directly to us at
info@HospitalBillReview.com

Or mail the information to:

Marc Chapman
Chapman Consulting, LLC
P.O. Box 341655
Austin, Texas 78734

After payment has been received the completed review and report will be mailed to you within three business days.

Other notes or Comments: _____

If you have any questions, please call us at 512-852-8265.