

# CONFIDENTIAL

DATE:

C/O LIFEQUEST BILLING OFFICE  
N2930 STATE ROAD 22  
WAUTOMA, WI 54982-5267

As per our agreement, this letter serves to advise you that it may be appropriate to make adjustments to the following account. Please refer to page two for the recommended adjustments.

Call Number:	Patient Name:	DOS:	Billed Amount:	Previous Credits:	Balance:
			\$	\$	\$

---

Facts:

Issues:

Results:

Continued on page two...

LifeQuest Recommended Adjustment:

Recommended Adjustment: \$	Recommended Patient Balance: \$
----------------------------	---------------------------------

Date:

Authorized Signature  
LifeQuest

-----

Please complete the information below, and return this form to our office so that we may make the necessary adjustments. If you have any questions, please call.

Approved Adjustment: \$

Patient Balance: \$

By checking this box, I understand the following:  
I am agreeing to the reduction of the bill as noted above.

-----

Approved By:

Date: