

*Public Safety*  
*1-20-14*

**CONFIDENTIAL**

DATE: 01-13-2014

039

CITY OF MANITOWOC  
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.

<u>Call Number</u>	<u>Patient Name</u>	<u>DOS</u>	<u>Billed Amount</u>	<u>Previous Credits</u>	<u>Balance</u>
182-13-3006	JORGE SANCHEZ	09/27/2013	\$849.50	\$	\$849.50

Approved Adjustment \$

Patient Balance \$

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

Reminder: If LifeQuest is tagging a patient's credit report, the balance for your aged receivables will be zero but the account will be active and the patient will receive a quarterly reminder that their credit report has been tagged and the balance owed.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Signature

Approved for adjustment by LifeQuest:

*K. Goret*

01/13/2014

Authorized Signature  
LifeQuest

Date

Patient Name JORGE SANCHEZ

Call Number 182-13-3006

Date of Service: 09/27/2013

FACTS: Patient is requesting a hardship discount

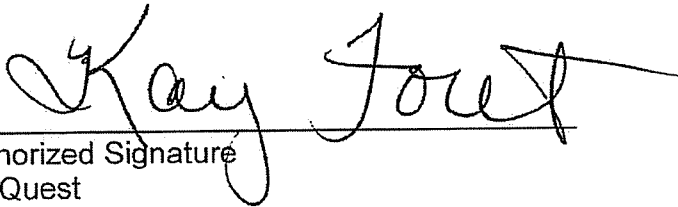
ISSUES: Patient cannot pay for the ambulance bill.

RESULTS: .Please review offer and approve or deny

LifeQuest Recommended Adjustment:

Recommended Adjustment: \$849.50    Recommended Patient Balance: \$0.00

Recommended By:

  
\_\_\_\_\_  
Authorized Signature  
LifeQuest

01/13/2014  
Date