

Warner Hospital & Health Services
422 West White St.
Clinton, IL 61727
217-935-9571

PRICE ESTIMATE REQUEST

Date: _____

Patient Last Name: _____

Patient First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____

Alternate Phone Number: () _____

Fax Number: () _____

How do you want to receive your written estimate? Mail _____ Fax _____

Do you want us to call you with verbal estimate in addition to sending a letter? Yes No

Physician's Name (if available): _____

Description of Procedure: _____

CPT or Procedure Codes (if available): _____

Self-Pay _____ Insurance _____

The estimate will not include physician fees that are billed separately.

If you have insurance, contact your health plan to make sure Warner Hospital & Health Services is a provider in your plan's network.

The actual price of the services may be more or less than the estimate we provide. The actual price is based on current case sampling of similar cases without complications. The estimate is not a guarantee of what you may eventually owe.

Completed forms will be maintained in the Business Office

Warner Hospital & Health Services is an equal opportunity provider and employer

