**HIGHLANDS HEALTH NETWORK**

**BILLING INQUIRY**

If you have a dispute or question regarding a bill from our office, please complete the following information within 30 days and mail or drop off to:

Highlands Health Network

140 Rolling Hills Dr.

Orangeville ON L9W 4X8

PATIENTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENTS DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ON BILL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT OF BILL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE FOR YOUR REASON FOR SUBMITTING INQUIRY.

We only accept written requests to review outstanding bills. We will review your inquiry and respond in writing within 10 business days. Thank you.