



PO BOX 2200
Amherst, NH 03031
Phone: (603) 673-9434
Fax: (866) 840-5291

Invoice

Date:

Please enter requestor/Firm information below:

Name:

Telephone Number:

Fax Number:

Please enter patient information below:

Patient Name: Patient date of Birth:

Physician / Group Name:

Please select one or both request options below:

Fee for Medical Bills (\$10.00)

Fee for Certification (\$10.00)

Total Paid: \$

Make checks payable to: Physicians Resources LTD

For your request to be fulfilled, please return a copy of this letter with your payment in full.

Thank you for your request!

Physicians Resources, LTD
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