

Anderson Hospital

6800 State Route 162
Maryville, Illinois 62062
618-391-6140 ♦ 618-391-6141
618-288-2164 FAX
MSO@AndersonHospital.org

INVOICE

Application Fee _____ \$ 400.00 (Physicians)
(Print name) \$ 150.00 (Allied Health Professionals)

Please submit a check made payable to Anderson Hospital The check **MUST** accompany the Application to deem the application complete.