2906 McBRIDE LANE
SANTA ROSA, CA 95403
(707) 524-2055
(800) 655-6495
FAX: (707) 542-9846

LISTING FOR IMMEDIATE COLLECTION

PLEASE ATTACH COPY OF ITEMIZED STATEMENT

Client Number ____________ Date ____________ Phone Number ____________

Client Name ________________________________

Address ________________________________

Authorized ________________________________

Responsible Party Last Name ____________ First Name ____________ Initial ______ Spouse ____________ Patient Name ____________

Last Known Address ____________ City ____________ State ______ Zip ______ IS MAIL RETURNED? YES ☐

Home Phone ____________ SSN ____________ DMV ____________ Date of Birth ____________

Employment ____________ City ____________ Work Phone ____________

Reference/Other Remarks ____________ Debtor # ____________

____________ Date of Latest Payment ____________

____________ Last Date of Service ____________

Principal - Amount ____________ Interest / Service Charge ____________ Total Amount Assigned ____________

Responsible Party Last Name ____________ First Name ____________ Initial ______ Spouse ____________ Patient Name ____________

Last Known Address ____________ City ____________ State ______ Zip ______ IS MAIL RETURNED? YES ☐

Home Phone ____________ SSN ____________ DMV ____________ Date of Birth ____________

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