

Date _____ Client Code _____
 Client Name _____
 Address _____
 Phone _____

Responsible Party Information:

Your Account # _____

Responsible Party

D.O.B _____ S.S. # _____
 D.L. # _____ Emergency Phone # _____
 Phone # _____ Cell Phone # _____

Last Known Address

Patient Information

Patient Name _____ S.S.# _____
 D.L. # _____ Emergency Phone # _____
 Phone # _____ Cell Phone # _____
 Last Known Address _____ D.O.B _____

Place of Employment (POE) Information:

Place of Employment (POE) _____ POE Phone # _____

Spouse Information:

Spouse Name _____
 Spouse D.O.B _____ Spouse S.S. # _____
 Spouse D.L. # _____ Emergency Phone # _____
 Spouse Phone # _____ Spouse Cell Phone # _____
 Last Known Address _____
 Place of Employment _____ Spouse POE Phone# _____

Debt Owed Information: (Required Information Per Regulation F)

Total Amount Due on Date of Service* \$	Last Date of Service
Total Accrued Interest Since Date of Service \$	Date of Last Payment
Total Fees Charged Since Date Of Service <small>(Penalties/Late Fees/Positive Adjustments)</small> \$	
Total Payments & Adjustments Since Date of Service <small>(Insurance Adjustments/Negative Adjustments)</small> \$	Total Amount Due \$

Definitions:

***Date of Service** - Date of disconnection, date of service, date of purchase, date of discharge, the date the service/purchase were made or due.

Total Amount Due on Date of Service - The total amount due on the date of service.

Interest - Right to charge interest is not permitted unless it is expressly authorized by the agreement as permitted, as defined in section 808 (1) of the FDCPA.