



Collection Associates Ltd.

Helpful Information to Provide When Placing Accounts

Medical / Dental

Debtor Name

Balance Due

Address

Phone #'s (Home, Work, Cell)

Employer Name

Social Security #

Date of Birth

Copy of Bill/Invoice

Date of Service

List of Payments

Health Insurance Information (payments, deductible, co-pay, denied for...)

Reason for non-payment

Attorney information (if debtor is represented by an attorney)

Bolded information is necessary. Any of the other information is helpful to us in the process.