

2121 Noblestown Road · Pittsburgh, PA 15205 · 412-937-0900 · 800-472-1483 · fax 412-937-1286

Office Use Only:	_____/_____/_____/_____/_____
Client #	Code 1 or 3
Rate	Breakdown
Desk # _____	

List Account for Collection

_____ date

Organization _____ Authorized By _____

Location _____

Street City State Zip

Phone _____ Fax _____ email _____

Please fully complete the following applicable information.

Date of Service _____ Attending Physician _____ Patient _____ Address _____ _____ Phone _____ SSN# _____ Birth Date _____	Date of Last Payment _____ Reference Number _____ Total Charges \$ _____ Amount Paid \$ _____ Balance to be Collected \$ _____ Source of Last Payment _____ Insurance Company _____ Policy Number _____ Address _____ _____ Phone _____ Secondary Insurance _____ Policy Number _____ Phone _____
Guarantor _____ Address _____ _____ Phone _____ SSN# _____ Birth Date _____ Employer _____ Employer Phone _____ Spouse _____	

Comments _____