

Collection Cover Sheet

COMPANY INFORMATION:

Business: _____

Address: _____

Owner Name: _____

Email: _____

Contact Name: _____

Phone: _____ **FAX:** _____

(If there are any changes to ownership, address, or contact please inform us via email or in writing). Carolm@arborps.com 800-710-4821/FAX: 734-669-2119
PO Box 7820, Ann Arbor MI 48107

For Office Use Only

Batch approved by: _____

LL _____
ACK y or N

Required information

Total # of Accounts Placed

Total \$ of Accounts Placed

Date: _____

Please forward accounts to:
Arbor Professional Solutions
Attn: New Business
P.O. Box 7820
Ann Arbor MI 48107-7820

Type of Service Requested: Please check appropriate box. *If no service is selected, regular collections/rates apply.*

Pre-Collect \$3.00 per account letter fee – A letter will be sent on Ann Arbor Credit Bureau letterhead to your customer/patient directing them to send payment to our office. Accounts are pre-pay and roll to regular collection service unless paid in full and reported to us within 30 days. Regular contingency rates apply if account rolls to regular collection service.

Pre-Collect with Call \$5.00 per account letter fee – Same as pre-collect plus a phone call attempt to contact your customer/patient to encourage payment. Accounts are pre-pay and roll to regular collection service unless paid in full and reported within 30 days. Regular contingency rates apply if account rolls to regular collection service.

Regular Collections - Full service collections include letters, phone calls, and litigation. Contingency rates vary. Accounts are reported to all four credit reporting databases: Equifax, Experian, and Trans Union. Commercial accounts are also reported to Dun & Bradstreet.

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| <ul style="list-style-type: none"> ❖ Customer/patient complete name ❖ Social Security # of responsible party(s) ❖ Current address or last known ❖ Itemized detail with balance (no medical Personal health info required) ❖ Date of service ❖ Name of responsible party(s) including parent(s) Or guardian(s) of minor child or children | <ul style="list-style-type: none"> ❖ Your customer/patient account number ❖ Employment information ❖ Asset information/bank accounts ❖ Spouse / Co-Maker(s) information ❖ Customer/patient date of birth ❖ Current phone number or last known |
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