

Collection Cover sheet

Required Company information

Business: _____	Total # of Accounts _____								
Address: _____	Total \$ of Accounts _____								
Owner Name: _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">For office use Only</td> <td>ACK: Y or N</td> </tr> <tr> <td>Client ID _____</td> <td>LL: _____</td> </tr> <tr> <td>Check in Date: _____</td> <td>Placement Date/Int: _____</td> </tr> <tr> <td>Placed Amount: _____</td> <td>Service Type: _____</td> </tr> </table>	For office use Only	ACK: Y or N	Client ID _____	LL: _____	Check in Date: _____	Placement Date/Int: _____	Placed Amount: _____	Service Type: _____
For office use Only	ACK: Y or N								
Client ID _____	LL: _____								
Check in Date: _____	Placement Date/Int: _____								
Placed Amount: _____	Service Type: _____								
Email: _____									
Contact Name: _____									
Phone _____									
Fax: _____									

Please include the following details with your placements:

- | | |
|--|---|
| <ul style="list-style-type: none"> Customer/patient complete name Social Security # or 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 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 |
|--|---|

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

Pre-Collect \$3.00 per account– A letter will be sent on Arbor Professional Solutions 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 45 days. Regular contingency rates apply if account rolls to regular collection service.

Pre-Collect with Call \$5.00 per account– 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 45 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 three credit reporting databases: Equifax, Experian, and Trans Union.

PLEASE CHECK THIS BOX IF ANY OF YOUR ACCOUNTS ARE DISPUTED IN THIS BATCH
Please include details for each disputed account