

Collectal Associates

1111 Willow St, Second Floor
San Jose, CA 95125

Use this **OPTIONAL** form as your guide to assign accounts with us

MEDICAL LISTING Sheet

Accounts are added below per the signed contract on file

408 295 7085 general
408 295 7077 fax

We can accept accounts as a computer print out, a tab-delimited file or on this listing. What we **must** see is the basic demographics such as **name, last known address**, and phone number, spouses name, employment name and phone number, **date of last charge or service or charge**, date account delinquent (**we assume 30 days after the date of last service**) and **total amount to collect**. The items in bold indicate the items we must have to list the account. If any of the charge is interest, we need to know how much and the date that this was last charged. Additional information such as **itemized statements, contracts, copies of bad checks, and employer** is very important and helpful. We do need the social security number or Tax ID in order to assure credit reporting is accurate. If there is no more documentation available, let us know that too. **Remember, the more information we have, the quicker and more effective we are and the less we have to trouble you for additional documents.** You may mail the accounts, email galahad@bridgeportfinancial.com using PGP security keys, call us to set this up, or fax them to 408 295 7077. You can also use our website to manually input the accounts.

PATIENT (PERSON WHO RECEIVED THE SERVICES)	Your Account Number:
Name _____	Spouse _____
SS# _____ DOB _____	SS# _____
Address _____	City State Zip _____
Phone # _____	Alternate Address _____
Employer _____	Occupation _____
GUARANTOR (PERSON(S) WHO ARE LIABLE FOR PAYMENT)	
Name _____	Spouse _____
SS# _____ DOB _____	SS# _____
Relationship to Patient, if applicable _____	
Address _____	City State Zip _____
Phone # _____	Alternate Address _____
Employer _____	Occupation _____
Is account disputed? _____	
Balance Due \$ _____ (amount includes _____ interest)	Date of last charge _____
Date of Last Payment _____	Basis for account (ledger, openbook, judmnt etc) _____
Date account became delinquent _____	
Any information that may assist us in our efforts (reference names, addresses past and present, etc)	

Supporting documents enclosed _____	

Client(Your Company) Name _____
Contact _____ Telephone # _____
Address _____ City State Zip _____
Date: _____ Signed _____
Email Address _____ Fax Number _____