

**COLLECTION TURNOVERS**

Responsible Party: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responsible Party Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Name/Social/Date of Birth: \_\_\_\_\_

Spouse/Social/Date of Birth: \_\_\_\_\_ Collection Balance \_\_\_\_\_

Original Balance: \_\_\_\_\_ Interest \_\_\_\_\_ Fees: \_\_\_\_\_

Date of Last Charge: \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

Employer Name/Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

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Spouse/Social/Date of Birth: \_\_\_\_\_ Collection Balance \_\_\_\_\_

Original Balance: \_\_\_\_\_ Interest \_\_\_\_\_ Fees: \_\_\_\_\_

Date of Last Charge: \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

Employer Name/Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

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**Client Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

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