

Collection Agency Placement Form - Data Entry Option *Additional Fees May Apply*

CLIENT CODE *	CLIENT NAME (BUSINESS OFFICE) *	CLIENT CONTACT NAME & PHONE *
ACCOUNT # / GUARANTOR # *	VISIT / ENCOUNTER # (IF APPLICABLE)	TOTAL ORIGINAL CHARGES *
		CURRENT BALANCE DUE *

Guarantor Information

Guarantor	FIRST MI LAST & SUFFIX (COMPANY NAME IF APPLICABLE)
	DATE OF BIRTH SSN, FEIN, OR OTHER ID# AS APPLICABLE
Address	CURRENT PREVIOUS / ALTERNATIVE
Phone #	MOBILE () - HOME () -
Email	
EMPLOYER NAME & WORK PHONE BANK NAME + LOCATION	

Itemization Dates (Fill in all that apply)

Last Date of Service*		Charge-off Date	
Last Statement Date*		Last Pay Date	
Judgment Date		Last Payment Amount	

Itemization Amounts (All fields required)

Itemization Date (Choose a reference date from above)		Date:
1	Enter amount based on Itemization Date above: → Total Charges (If Itemization Date reference date is Last Date of Service) → Otherwise Balance as of the Itemization Date	+
2	Total Finance Charges or Interest Charged Since Itemization Date ¹	+
3	Total Fees (ie Late Fee, NSF, etc) Charged Since Itemization Date ¹	+
4	Total Payments Received Since Itemization Date	-
5	Total Credits or Adjustments Since Itemization Date	-
6	Total Amount Assigned to Creditor Advocates (Total of 1 thru 5)	

Note 1: Client represents and warrants that any interest, finance charges, fees, and other amounts incidental to the principal obligation is expressly authorized by the agreement creating the debt and permitted by law.

Other Information

Spouse	FIRST	MI	LAST & SUFFIX
	PHONE ()	-	DATE OF BIRTH / SSN
Patient or Misc (circle one)	FIRST	MI	LAST & SUFFIX
	PHONE ()	-	DATE OF BIRTH / SSN
Other	INSURANCE COMPANY NAME	TOTAL INSURANCE PAYMENTS	TOTAL INSURANCE ADJUSTMENTS

Description and Additional Information:

Supporting Documentation

- ☐ (check if applicable) Guarantor signed an agreement to pay and that agreement is permitted by law.
- ☐ (check if applicable) Documentation exists evidencing a copy of their photo ID or that identity verification policies and procedures were in place at the time of service and were followed.
- ☒ Attach the signed financial agreement, a current itemized statement, and/or other supporting documentation.

☒ By submitting this form, Client represents, validates, and warrants the information is correct and complete on the date submitted. Client provides Creditor Advocates express permission to collect these and/or other amounts expressly authorized by the agreement creating the debt or permitted by law.

Signature & Title: _____ Date: _____

Mail Option
Use this side with a #10 Window envelope

Return Address:

Creditor Advocates Inc
PO Box 1264
Prior Lake, MN 55372

Instructions

Before the collection process begins, every account requires sufficient information for our collection process to comply with regulatory requirements as well as to maximize the amounts recovered on the account. All items listed below are required unless otherwise noted.

Client Information

- **Client Code:** The code Creditor Advocates has assigned the creditor client
- **Client Name:** The legal name of the creditor client
- **Client Contact Name:** Name of the person filling out the form
- **Client Contact Phone:** Phone number of the person filling out the form

Basic Account Information

- **Account #:** Account number from client billing system
- **Visit # (if applicable):** Secondary account number from client's billing system, such as visit #
- **Total Original Charges:** Total principal charges for all products or services without any interest, fees, payments, or adjustments
- **Current Amount Due:** Current balance being placed for collections

Account Guarantor Information

Enough information must be provided to individually identify guarantor(s). Accounts without sufficient identifiable information may be severely impacted as our ability to credit report, skip trace, resolve disputes, and recover the amounts owed will be adversely affected.

- **Primary Name:** Account guarantor's name. Include suffixes (ie - Jr, Sr, III, etc) when applicable
- **Primary SSN (Recommended):** Account guarantor's social security number
- **Primary DOB (Recommended):** Account guarantor's date of birth
- **Primary Addresses (Recommended):** Guarantor address and/or last known address
- **Primary Phone Numbers (Recommended):** Account guarantor's phone numbers
- **Primary Email (if applicable):** Account guarantor's email address
- **Employer Name (if known):** Guarantor's place of employment
- **Bank Name (if known):** Name of the guarantor's bank

Itemization Dates

- **Last Date of Service:** Date of service or, if multiple days, the most recent date of service
- **Last Statement Date:** Last date an invoice or statement was sent
- **Last Pay Date & Amount (if applicable):** Last date and amount of any payment (guarantor or insurance)
- **Charge-off Date (if applicable):** Accounting charge-off date to "bad debt" or equivalent
- **Judgment Date (if applicable):** Date court judgment was obtained and the case number

Account Itemization Amounts

All items listed below are required unless otherwise noted.

- ☒ **Itemization Date:** Choose one of the reference dates previously entered. Most commonly, if no interest or fees are being charged, choose the "Last Date of Service" as the referenced Itemization Date. If interest or fees are being charged, or if it's difficult to quickly determine total charges, choose the "Last Statement Date".

1. **Total Charges or Balance as of the Itemization Date:**

The amount to be entered is based on the reference date previously chosen:

- If the Itemization Date is "Last Date of Service", provide the Total Principal Charges (do not include, but list separately, interest charges, fees, payments, and adjustment amounts).
- If you choose any other reference date, provide the account's balance as of that date (including any interest, fees, payments, or adjustments up to that date).

2. **Total Interest since the Itemization Date:** Total interest or finance charges, or any amounts in which a percentage of the outstanding balance is charged on a periodic basis, since the referenced Itemization Date.

3. **Total Fees since the Itemization Date:** Total amount charged incidental to the original obligation, such as late fees, NSF fees, collection fees, or any penalty fees since the referenced Itemization Date.

4. **Total Payments since the Itemization Date:** Total of ANY payments (guarantor or insurance) since the referenced Itemization Date.

5. **Total Credits or Adjustments since the Itemization Date:** Total credits or adjustments received on the account (insurance or otherwise) since the referenced Itemization Date.

6. **Total Amount Assigned to Creditor Advocates:** Total the amounts in 1 through 5. This will be the current balance being placed into collections. This amount should be equal to the current amount due.

- ☒ **Confirm payment agreement.** Ensure amounts in 2 and 3 are authorized by the agreement creating the debt and permitted by law.

Our information shows:

You had a Main Street Department Store credit card from Bank of Rockville with account number 123-456-789.

As of January 2, 2017, you owed:		\$ 2,234.56
Between January 2, 2017 and today:		
You were charged this amount in interest:	+ \$	75.00
You were charged this amount in fees:	+ \$	25.00
You paid or were credited this amount toward the debt:	- \$	50.00
Total amount of the debt now:		\$ 2,284.56

Other Relevant Information

Supplying other relevant information is often useful during the collection process.

- **Spouse Information:** Spouse's name, SSN, DOB, and other contact information.
- **Patient or Misc Information (if applicable):** The name, SSN, DOB, and other contact information.
- **Insurance Information (if applicable):** Name of the primary, secondary, and tertiary insurance company. Name and contact information for workers compensation.
- **Facility (if applicable):** If multiple branches, place the relevant location here.
- **Nature of visit (if applicable):** Very general description (ie - office visit, surgery, physical therapy, etc).

Send to Creditor Advocates

Fax to (952) 657-5932 or mail to the address at the bottom of the form. Include a copy of their itemized statement and financial agreement if interest or fees are being charged.