PO Box 4037
Jonesboro AR 72403-4037
CHANGE SERVICE REQUESTED

Account Summary	
Statement Date	05/06/2015
Original Creditor	«INSERT19»
Master Account #	«INSERT20»
Current Balance	$«Insert21»

«Insert3»-«LetterCode»   «IMBSerialNumber»

«IMB»

«FullName»
«AttnLine»
«Address1»
«Address2»
«City» «State» «ZipCode»-«ZipPlus4»

Dear «FullName»,

This letter is to inform you that the above creditor has assigned your account to Professional Credit Management, Inc, for collection. It is very important that you contact us at (870) 932-7030 or toll-free (800) 999-3780, so that we may help you resolve this matter. Our office hours are 8:00 a.m. to 8:00 p.m. Mon-Thurs and 8:00 a.m. to 5:00 p.m. Friday and Saturday.

WE WANT TO HELP YOU RESOLVE THIS MATTER,
BUT WE CAN ONLY HELP IF YOU COMMUNICATE WITH US.

VALIDATION NOTICE

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

DISCLOSURE

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR.

This collection agency is licensed by the Collection Service Board, State of Tennessee Department of Commerce and Insurance, Nashville, TN 37243

By sending a check as payment, please be aware that you are authorizing us to make a one-time electronic debit from your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check; no additional fee will be added to the amount. Your account may be debited as soon as the day we receive your check. You will not receive your check back from your financial institution.

374CU077100LFIRSTNP

Detach Lower Portion and Return with Payment

Questions

‣ All Payment types can be made in person
‣ Make check payable to PCM.
‣ Please include your Account # on your check.
‣ Enclose this payment stub with your payment.
‣ To pay by credit card you may pay by Visa, MasterCard, American Express or Discover Card. Please indicate your credit card preference, provide the account information, and sign below.

Card Holder
Name: _____

Card Number: _____

Expiration Date: [ ] [ ] / [ ] [ ]   CCV#: [ ] [ ] [ ]   Last 3 digits on back of card

Signature: _____
(Signature is required in order to process)

Billing Address: «FullName», «Address1» «Address2»
             «City» «State» «ZipCode»-«ZipPlus4»

If Credit Card Billing Address is different, please update.

PAY THIS AMOUNT	Account Number	Bill Date
$«Insert21»	«INSERT20»	05/06/2015
PATIENT NAME		
«Insert22»		
GUARANTOR		
«Insert23» «Insert3»		

PCM *Professional Credit Management, Inc.*
www.pro-credit.com

Payment Process Center
P.O. Box 4037
Jonesboro, AR 72403-4037
⌐724034037370⌐:

Make your payment on the Internet using an electronic check, check card or credit card, please visit our secure website located at www.my-pcm.com.

P.O. Box 4037
Jonesboro, AR 72403-4037
CHANGE SERVICE REQUESTED

NOTICE

Account Summary

Statement Date	05/06/2015
Original Creditor	«INSERT19»
Master Account #	«INSERT21»
Current Balance	$«Insert22»

«Insert3»-«LetterCode»   «IMBSerialNumber»

«IMB»

«FullName»
«AttnLine»
«Address1»
«Address2»
«City» «State» «ZipCode»-«ZipPlus4»

Dear «FullName»

This letter is to inform you that the above creditor has assigned your account to Professional Credit Management, Inc. for collection. We have attempted to contact you in order to resolve the outstanding balance of this account. Unfortunately, you have made no offer to pay the account.

It is very important that you contact our office at (870) 932-7030 or toll-free (800) 999-3780, so that we can assist you. Our office hours are 8:00 a.m. to 8:00 p.m. Mon-Thurs and 8:00 a.m. to 5:00 p.m. Friday and Saturday.

WE WANT TO HELP YOU RESOLVE THIS MATTER,
BUT WE CAN ONLY HELP YOU IF YOU COMMUNICATE WITH US.

By sending a check as payment, please be aware that you are authorizing us to make a one-time electronic debit from your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check; no additional fee will be added to the amount. Your account may be debited as soon as the day we receive your check. You will not receive your check back from your financial institution.

If arrangements for payment have been made, please disregard this notice. Thank you for your cooperation in this matter.

DISCLOSURE

THIS COMMUNICATION IS FROM A DEBT COLLECTOR

374CU077100LSECOND-

Detach Lower Portion and Return with Payment

Questions

- All Payment types can be made in person
- Make check payable to PCM.
- Please include your Account # on your check.
- Enclose this payment stub with your payment.
- To pay by credit card you may pay by Visa, MasterCard, American Express or Discover Card. Please indicate your credit card preference, provide the account information, and sign below.

Card Holder
Name: _____

Card Number: _____

Expiration
Date: [ ][ ] / [ ][ ]   CCV#: [ ][ ][ ]   Last 3 digits on back of card

Signature: _____
(Signature is required in order to process)

Billing Address: «FullName», «Address1» «Address2»
      «City» «State» «ZipCode»-«ZipPlus4»

If Credit Card Billing Address is different, please update.

PAY THIS AMOUNT	Account Number	Bill Date
$«Insert21»	«INSERT20»	05/06/2015
PATIENT NAME		
«Insert22»		
GUARANTOR		
«Insert23» «Insert3»		

Professional Credit
Management, Inc.
www.pro-credit.com
Payment Process Center
P.O. Box 4037
Jonesboro, AR 72403-4037
=72403403737 0⁚

Make your payment on the Internet using an electronic check, check card or credit card, please visit our secure website located at www.my-pcm.com.