

Submission Cover Sheet

Guarantor Name: _____

Account Number: _____

Last Transaction Date (most recent Date of Service): _____

Original Amount Owed @ above date of service: \$ _____
(Balances previously submitted to PCM for collection should not be included.)

Payments since above Transaction Date (patient pmts, insurance, etc): - \$ _____

Adjustments since above Transaction Date (self-pay, insurance, etc.): - \$ _____

Balance to collect (total charges [-] payments [-] adjustments): = \$ _____

Please attach documentation necessary for the collection of this account (itemized statement, patient info sheet, etc.).

Questions? Contact our Client Care Team at (800) 999-3780 x 3.

ITEMIZED STATEMENT SAMPLE

ABC Medical Office
101 Front St
Jonesboro, AR 72401

Bob Smith
123 Main St
Jonesboro, AR 72401

| | | | |
|-----------------|------------|------------|-------------------|
| Date of Service | 11/01/2021 | 1000 scan | \$250.00 |
| | | 2000 index | \$125.00 |
| | | 3050 panel | <u>\$175.00</u> |
| | | | \$550.00 |
| | 11/20/2021 | adjustment | - \$150.00 |
| | | payment | - <u>\$200.00</u> |
| | | | \$350.00 |

Balance due: \$200.00

SUBMISSION COVER SHEET SAMPLE

Last Transaction Date (most recent Date of Service): 11/01/2021

Original Amount Owed @ above date of service: \$ 550
(Balances previously submitted to PCM for collection should not be included.)

Payments since above Transaction Date (patient pmts, insurance, etc): - \$ 200

Adjustments since above Transaction Date (self-pay, insurance, etc.): - \$ 150

Balance to collect (total charges [-] payment [-] adjustment): = \$ 200