

# Important Notice

from ABC Physician Practice

April 03, 2013

001 CMDCRN @ 1 8888888888

Jonathan Robert Somebody  
For: Somebody, Patricia Ann  
Apartment B  
415 West Main St.  
Mebane, NC 27302-0816



Date of Service: 01-03-11

Attention: Customer Service  
Telephone: (336) 555-1212  
Monday - Friday 8:30 am - 4:30 pm  
Pay Online: [your.webpaysite.here](http://your.webpaysite.here)

Account No: 999999999999

Amount Due: \$272.87

Dear Jonathan Robert Somebody:

Thank you for choosing ABC Physician Practice for your health care needs. Our records indicate that you have charges that remain unpaid. We would like to work with you to resolve this outstanding balance. This balance may represent multiple charges for more than one patient.

If you have questions regarding your charges, please call the number above and someone will be happy to assist you. If you think there is a problem with your insurance claim, please contact your insurance company immediately.

You can make a credit or debit card payment through our secure website by visiting [www.healthpaynow.com](http://www.healthpaynow.com), or call us to discuss payment options.

We hope you will take this opportunity to resolve your account.

Thank you,

ABC Physician Practice



To pay securely  
[www.healthpaynow.com](http://www.healthpaynow.com)

OR



Toll free: 1-855-PAYMYBILL  
(1-855-729-6924)



Reference Number  
7777 7777 7777

Please return bottom portion with your payment.

Guarantor	Account Number	Amount Due	Amount Paid
Jonathan Robert Somebody	999999999999	\$272.87	

Please check your payment method and include account number, expiration date, and signature below.



Card Number \_\_\_\_\_  
Security Code \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Signature X \_\_\_\_\_

Check here if your address or insurance information has changed. Please use the form on the back to update information.

**Make your check payable to:**

ABC Physician Practice  
123 Main St.  
Anywhere, NC 76053-7329



REQUEST FOR INSURANCE INFORMATION. If you believe you can resolve your account through your insurance and would like assistance from our office, please complete, sign and return this form in the enclosed envelope. Sending a copy of your insurance card(s) will greatly improve the ability to file your claim. If you need assistance completing this form or have any questions, please call us.

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### Insurance Update

Insured Name \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy ID # \_\_\_\_\_

Insurance Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Relationship to Patient \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_ Group # \_\_\_\_\_

Employer Name \_\_\_\_\_

Effective Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(I authorize Medicare, Medicaid or medical insurance claims to be submitted on my behalf to the company listed.)

### Address Change

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

# Urgent Notice *from ABC Physician Practice*

April 03, 2013

001 CMDCUN 2 8888888888

Jonathan Robert Somebody  
For: Somebody, Patricia Ann  
Apartment B  
415 West Main St.  
Mebane, NC 27302-0816



**Attention: Customer Service**  
**Telephone: (336) 555-1212**  
**Monday - Friday 8:30 am - 4:30 pm**

**Account No:** 999999999999

**Amount Due:** \$272.87

Date of Service: 01-03-11

Dear Jonathan Robert Somebody:

We are concerned about the status of your account for ABC Physician Practice. At this time your account reflects unpaid charges. You are responsible for payment in full for the services rendered. The balance reflected above may represent multiple charges for more than one patient.

If you have questions about the services you received or would like to talk with someone regarding resolution of this account, please call us at the number listed above.

If you feel there is a problem with your insurance company paying this claim, please contact them immediately.

Please be advised, if you choose to disregard this notice, your account may be referred for additional collection activity. For your convenience, we accept major credit cards. You may call us during regular business hours or pay online at [www.healthpaynow.com](http://www.healthpaynow.com).

Thank you for your attention to this matter.

ABC Physician Practice



To pay securely  
[www.healthpaynow.com](http://www.healthpaynow.com)

OR



Toll free: 1-855-PAYMYBILL  
(1-855-729-6924)



Reference Number  
7777 7777 7777

Please return bottom portion with your payment.

Guarantor	Account Number	Amount Due	Amount Paid
Jonathan Robert Somebody	999999999999	\$272.87	

Please check your payment method and include account number, expiration date, and signature below.

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature X \_\_\_\_\_

Check here if your address or insurance information has changed. Please use the form on the back to update information.

**Make your check payable to:**

ABC Physician Practice  
123 Main St.  
Anywhere, NC 76053-7329



REQUEST FOR INSURANCE INFORMATION. If you believe you can resolve your account through your insurance and would like assistance from our office, please complete, sign and return this form in the enclosed envelope. Sending a copy of your insurance card(s) will greatly improve the ability to file your claim. If you need assistance completing this form or have any questions, please call us.

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### Insurance Update

\_\_\_\_\_  
Insured Name

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy ID #

\_\_\_\_\_  
Insurance Mailing Address

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Insurance Company Phone # Group #

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Effective Date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(I authorize Medicare, Medicaid or medical insurance claims to be submitted on my behalf to the company listed.)

### Address Change

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone # Work Phone #

\_\_\_\_\_  
Address

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

# Final Notice *from ABC Physician Practice*

April 03, 2013

001 CMDFN 3 8888888888

Jonathan Robert Somebody  
For: Somebody, Patricia Ann  
Apartment B  
415 West Main St.  
Mebane, NC 27302-0816



**Attention: Customer Service**  
**Telephone: (336) 555-1212**  
**Monday - Friday 8:30 am - 4:30 pm**  
**Pay Online: [your.webpaysite.here](#)**

Account No: 999999999999

Amount Due: \$272.87

Date of Service: 01-03-11

Dear Jonathan Robert Somebody:

We are concerned with the status of your account with ABC Physician Practice. It is the medical profession's responsibility to provide for the healthcare needs of our community. You and your family are an important part of realizing this goal. In order to provide excellent health care, it is important that our customers pay their bills promptly.

At this time, your account continues to reflect a balance due. You are responsible for payment in full of the services rendered. If you feel there is a problem with your insurance company paying the claim, please contact them immediately.

We hope you will take this final opportunity to pay this account in full or discuss alternative payment arrangements with our office. Our office staff can be reached at the number above. We are prepared to help you resolve this account.

Please resolve your account within the next 10 days to prevent further collection activity. Your cooperation in this matter is greatly appreciated.



To pay securely  
[www.healthpaysnow.com](http://www.healthpaysnow.com)

OR



Toll free: 1-855-PAYMYBILL  
(1-855-729-6924)



Reference Number  
7777 7777 7777

Please return bottom portion with your payment.

Guarantor	Account Number	Amount Due	Amount Paid
Jonathan Robert Somebody	999999999999	\$272.87	

Please check your payment method and include account number, expiration date, and signature below.



Card Number \_\_\_\_\_  
Security Code \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Signature X \_\_\_\_\_

Check here if your address or insurance information has changed. Please use the form on the back to update information.

**Make your check payable to:**

ABC Physician Practice  
123 Main St.  
Anywhere, NC 76053-7329



REQUEST FOR INSURANCE INFORMATION. If you believe you can resolve your account through your insurance and would like assistance from our office, please complete, sign and return this form in the enclosed envelope. Sending a copy of your insurance card(s) will greatly improve the ability to file your claim. If you need assistance completing this form or have any questions, please call us.

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### Insurance Update

Insured Name \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy ID # \_\_\_\_\_

Insurance Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Relationship to Patient \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_ Group # \_\_\_\_\_

Employer Name \_\_\_\_\_

Effective Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(I authorize Medicare, Medicaid or medical insurance claims to be submitted on my behalf to the company listed.)

### Address Change

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

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



# COMPUTER CREDIT, INC.

CLAIM DEPT 111028 . 640 West Fourth Street . Post Office Box 5238 . Winston-Salem, NC . 27113-5238 . 336-761-1538

April 03, 2013

001 CH1 @ 1 8888888888

Jonathan Robert Somebody  
For: Somebody, Patricia Ann  
Apartment B  
415 West Main St.  
Mebane, NC 27302-0816



## CREDITOR DETAIL

**ABC Physician Practice**

**Attention: Customer Service**  
**Telephone: (336) 555-1212**  
**Monday - Friday 8:30 am - 4:30 pm**  
**Pay Online: your.webpaysite.here**

**Account# 999999999999**  
**Date of Service: 01-03-11**

**PAST DUE AMOUNT: \$272.87**

### PLEASE SEE IMPORTANT NOTICE ON BACK

Dear Jonathan Robert Somebody:

Your overdue balance with ABC Physician Practice has been referred to Computer Credit, Inc. (also referred to in this letter as CCI) for collection. Our records indicate that this debt is your responsibility. This letter will serve to inform you that your account remains unpaid and we expect resolution of your obligation to the practice. Computer Credit, Inc. is a debt collector. In North Carolina, we are operating under N.C. Department of Insurance Permit Number 100723.

This communication is an attempt to collect a debt and any information obtained will be used for that purpose. Unless you notify our office that you dispute the validity of this debt or any portion thereof within 30 days of receiving this letter, we will assume that the debt is valid and expect it to be paid.

Pay the amount due to prevent further collection activity by Computer Credit, Inc. We appreciate your attention to this matter.

C. Jordan  
Director of Operations



To pay securely  
[www.informationcci.com](http://www.informationcci.com)

OR



Toll free: 1-855-SELPAY  
(1-855-735-3729)

USE

Reference Number  
7777 7777 7777

*Return this portion with your payment*

### IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
CARD NUMBER		EXP DATE	
SECURITY CODE		AMOUNT	
SIGNATURE			
PRINT CARDHOLDER'S NAME			
BILLING ADDRESS		BILLING ZIP CODE	

GUARANTOR	Jonathan Robert Somebody
ACCOUNT#	999999999999
AMOUNT DUE	\$272.87

### You may make check payable to:

**ABC Physician Practice**  
**123 Main St.**  
**Anywhere, NC 76053-7329**



Computer Credit, Inc.  
CCI KEY: 8888888888

H1 Z-1 1



# COMPUTER CREDIT, INC.

CLAIM DEPT 111028 . 640 West Fourth Street . Post Office Box 5238 . Winston-Salem, NC . 27113-5238 . 336-761-1538

April 03, 2013

001 CH3 2 888888888888  
Jonathan Robert Somebody  
For: Somebody, Patricia Ann  
Apartment B  
415 West Main St.  
Mebane, NC 27302-0816



CREDITOR DETAIL	
<b>ABC Physician Practice</b>	
<b>Attention: Customer Service</b>	
<b>Telephone: (336) 555-1212</b>	
<b>Monday - Friday 8:30 am - 4:30 pm</b>	
<b>Pay Online: <a href="#">your.webpaysite.here</a></b>	
<b>Account#</b>	<b>9999999999999</b>
<b>Date of Service:</b>	<b>01-03-11</b>
<b>PAST DUE AMOUNT: \$272.87</b>	

Dear Jonathan Robert Somebody:

You have received previous notification from this office regarding your debt to ABC Physician Practice. Our records indicate you still have not paid this debt nor have you made satisfactory arrangements to do so.

Computer Credit, Inc. strongly advises you to make payment in order to resolve your overdue balance of \$272.87. We are a debt collector and we expect your cooperation.

This letter is sent to you in an attempt to collect this debt and to serve notice that any information obtained will be used for that purpose. Computer Credit, Inc. is a debt collector. In North Carolina, we are operating under N.C. Department of Insurance Permit Number 100723.

C. Jordan  
Director of Operations

	<b>To pay securely</b> <a href="http://www.informationcci.com">www.informationcci.com</a>	OR		Toll free: 1-855-SELPAY (1-855-735-3729)		Reference Number 7777 7777 7777
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*Return this portion with your payment*

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
CARD NUMBER	EXP DATE
SECURITY CODE	AMOUNT
SIGNATURE	
PRINT CARDHOLDER'S NAME	
BILLING ADDRESS	BILLING ZIP CODE

GUARANTOR	Jonathan Robert Somebody
ACCOUNT#	9999999999999
AMOUNT DUE	\$272.87

**You may make check payable to:**

**ABC Physician Practice**  
123 Main St.  
Anywhere, NC 76053-7329



Computer Credit, Inc.  
CCI KEY: 8888888888

H3 Z-2 2





# COMPUTER CREDIT, INC.

CLAIM DEPT 111028 . 640 West Fourth Street . Post Office Box 5238 . Winston-Salem, NC . 27113-5238 . 336-761-1538

April 03, 2013

001 CH7 3 888888888888  
Jonathan Robert Somebody  
For: Somebody, Patricia Ann  
Apartment B  
415 West Main St.  
Mebane, NC 27302-0816



CREDITOR DETAIL	
<b>ABC Physician Practice</b>	
<b>Attention: Customer Service</b>	
<b>Telephone: (336) 555-1212</b>	
<b>Monday - Friday 8:30 am - 4:30 pm</b>	
<b>Pay Online: <a href="#">your.webpaysite.here</a></b>	
<b>Account#</b>	<b>9999999999999</b>
<b>Date of Service:</b>	<b>01-03-11</b>
<b>PAST DUE AMOUNT: \$272.87</b>	

Dear Jonathan Robert Somebody:

Despite our previous communication to encourage you to pay your delinquent account with ABC Physician Practice, you still have an outstanding balance. This is our FINAL NOTICE and you must take action to resolve this overdue account. Pay the amount due to discharge your debt owed to the practice.

This letter is sent as a final demand for payment in the amount of \$272.87. Computer Credit, Inc. is a debt collector. In North Carolina, we are operating under N.C. Department of Insurance Permit Number 100723. Be advised this is our LAST ATTEMPT to collect this debt and any information obtained will be used for that purpose.

We expect you to resolve your financial obligation.

C. Jordan  
Director of Operations

	<b>To pay securely</b> <a href="http://www.informationcci.com">www.informationcci.com</a>	OR		Toll free: 1-855-SELPAY (1-855-735-3729)		Reference Number 7777 7777 7777
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*Return this portion with your payment*

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER	EXP DATE
SECURITY CODE	AMOUNT
SIGNATURE	
PRINT CARDHOLDER'S NAME	
BILLING ADDRESS	BILLING ZIP CODE

GUARANTOR	Jonathan Robert Somebody
ACCOUNT#	9999999999999
AMOUNT DUE	\$272.87

**You may make check payable to:**

**ABC Physician Practice**  
123 Main St.  
Anywhere, NC 76053-7329



Computer Credit, Inc.  
CCI KEY: 8888888888

H7 Z-3 3