

SAMPLE COLLECTION HISTORY NOTICE

Practice Name: _____

Patient Name: _____ Patient Account #: _____

Physician Name: _____ Date of Service: _____

Primary Payor: _____ Account Balance: \$ _____

Listed below is a brief history of collection activity, in chronological order, and recommendation for final resolution.

Recommendation: Bad Debt Write Off: \$ _____

_____ Send to Collections: \$ _____

Prepared By: _____ Date: _____

Practice Mgr. Approval: _____ Date: _____

Controller Approval: _____ Date: _____

(over \$5000)