

Submission Cover Sheet

Consumer Name: _____

Account Number: _____

To utilize Credit Reporting, provide: Consumer DOB: _____
Consumer SSN: _____

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.)

Interest (since above date of service, if applicable): + \$ _____

Fees (since above date of service, if applicable): + \$ _____

Payments since above Transaction Date (consumer, 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, consumer info sheet, etc.).

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

ITEMIZED STATEMENT SAMPLE

ABC Store
101 Front St
Jonesboro, AR 72401

Bob Smith
123 Main St
Jonesboro, AR 72401

Date of Service	11/01/2021	1000 item A	\$250.00
		2000 item B	\$125.00
		3050 item C	<u>\$175.00</u>
			\$550.00
	11/20/2021	adjustment	- \$150.00
		payment	- <u>\$200.00</u>
			\$350.00
	11/30/2021	statement fee	\$5.50
			Balance due: \$205.50

SUBMISSION COVER SHEET SAMPLE

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

Original Amount Owed @ above date of service: \$ 550.00
(Balances previously submitted to PCM for collection should not be included.)

Interest (since above date of service, if applicable): + \$ 0.00

Fees (since above date of service, if applicable): + \$ 5.50

Payments since above Transaction Date (patient pmts, insurance, etc): - \$ 200.00

Adjustments since above Transaction Date (self-pay, insurance, etc.): - \$ 150.00

Balance to collect (total charges [-] payment [-] adjustment): = \$ 205.50