

ACCOUNT PLACEMENT FORM

Premium Assignment	Client Contact::	Client Code:
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Client Information

Company:

Mailing Address:

City, St Zip:

Phone Number:



5105 E Los Angeles, Suite 200
 Simi Valley, Ca 93063
 Number: (805) 522-MRSI (6774)
 Fax: (805) 522-6704

Client Reference Number:	
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Account Breakdown

Principal Amount	\$
Interest	\$
Court Costs	\$
Attorney Fees	\$
Other	\$
Total Account Balance	\$

Account Type (Please check one)

Medical Services	Assigned Judgment
Retail Collections	Utilities Collections
Commercial Assignment	
Premium Collections	
Other:	

Date of Last Payment:
Date of Last Charge:

Documents Available (check all that apply)

Credit Application	Financial Responsibility Form
Final Invoice	Copy of Judgment
Patient Information Form	
Copies of Invoices Issued	
Other:	

Brief Description of Account:

Responsible Party Information

Name: Soc. Sec. #: Drivers Lic.#: Street Address: City, State, Zip: Employer: Home Phone: Work Phone:	Name: Soc. Sec. #: Drivers Lic.#: Street Address: City, State, Zip: Employer: Home Phone: Work Phone:
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