Date:

To:

Phone: Fax:

From:

Phone: Fax:

Closed Accounts:
Bankruptcy
Billing error
Financial hardships approved
Charity care approved
Deceased
Past timely filing
Other

Hold Accounts:
Disputed
Insurance re-billed
Pending financial hardships
Pending Medicaid

Re: Hold and closed accounts:

Account #	Date of Service	Debtor Name	Action to Take	Details/Reasons/MCD ID#

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Authorized Representative _____