



ACCOUNT LISTING SHEET

Mail new accounts to: PO Box 40580, Eugene, OR 97404

Please separate interest and late charges from the principle balance due. When you receive payments, either endorse and send to PCC, or deposit payment and notify PCC on date of receipt. We will offset our commission in our month end payment remittance. Please call if you have any questions 541-688-9445 or 888-219-4437.

DEBTOR NAME & ADDRESS	REMARKS/INFORMATION
Account #: _____	Date of Last Service, Last Pay _____ , _____
Name/DBA: _____	Principle Amount: \$ _____
Street/POB: _____	Finance Charges: \$ _____
City/ST/Zip: _____ , _____ , _____	Total Amount Due: \$ _____
Phone: _____ H _____ , W _____ , Msg. _____	Contact: _____
Employer: _____	Social Security #, Bday, DL _____ , _____ , _____
Spouse, SSN, Bday: _____ , _____ , _____	Patient? Pt DOB: _____ , _____ , _____
Comments: _____	Mail Return? _____

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Account #: _____	Date of Last Service, Last Pay _____ , _____
Name/DBA: _____	Principle Amount: \$ _____
Street/POB: _____	Finance Charges: \$ _____
City/ST/Zip: _____ , _____ , _____	Total Amount Due: \$ _____
Phone: _____ H _____ , W _____ , Msg. _____	Contact: _____
Employer: _____	Social Security #, Bday, DL _____ , _____ , _____
Spouse, SSN, Bday: _____ , _____ , _____	Patient? Pt DOB: _____ , _____ , _____
Comments: _____	Mail Return? _____

Your Firm:

Mailing:

PHO:

FAX:

EMAIL:

Attention To:

Date:

Assignment: For value received, I/We hereby transfer, set over, and assign all right, title, and interest in the above listed claim(s).

You are authorized to proceed immediately with any/all appropriate actions to collect.

Signature: _____ Title: _____ Phone: _____