



Mathews, Nichols and Associates, llc

& Associates

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CONSUMER CLAIM
Collection Authorization

MEDICAL / DENTAL CLAIM COLLECTION AUTHORIZATION

Form with fields for Date, Client #, Client Name, Address, City, State, Zip Code, Telephone #, Fax #, Contact Name, Medicaid #, Attending Physician, Physician's Tax Id #, Physician S.S. #

THE FOLLOWING ACCOUNT IS BEING TURNED OVER FOR COLLECTION

Form with fields for Debtor's Name, Address, City, State, Zip Code, Home Telephone, Work Telephone, S.S. #, Date of Birth, Date of Services, Bill To, Address, City, State, Zip Code, Home Telephone, Work Telephone, Balance Due, Last Payment Date, Last Payment Amount

IN ADDITION PLEASE FURNISH THE FOLLOWING:

Itemized statements, liens, guarantee, returned checks and any other pertinent information. Also include a copy of the patient's account card

Table with 5 columns: Date, Explanation of Activity, Proc Code, Diag, Charge

CLLA Rate Schedule

MEDICAL / DENTAL RATES:

- 33 1/3% All Account Balance Over \$100.00.
50% All Account Balance \$100.00 & Under.
50% All Secondary Accounts.
50% All Accounts Aged 12 Months or Over.

All claims over \$100.00 assigned to an attorney will be charged at a rate of 40% of funds collected, in addition to nominal court costs if applicable, with the exclusion of existing claims at the rate of 50% which will remain at the said rate.

All FEES CONTINGENT UPON COLLECTION EXCEPT COURT COSTS

- (1) NO CLAIM WILL BE ACCEPTED FOR FREE DEMAND SERVICE ONLY.
(2) ON ACCOUNTS PAID DIRECT, OR ON ACCOUNTS WITHDRAWN PENDING COLLECTION, OR RETURN OF PRODUCT BY DEBTOR FOR CREDIT, COMMISSIONS WILL BE CHARGED
(3) NO LEGAL ACTION IS INSTITUTED WITHOUT YOUR AUTHORIZATION.
(4) ALL MONIES REQUESTED BY THE ATTORNEY TO FILE SUIT (COURT COSTS), MUST BE ADVANCED BY THE CREDITOR, GENERALLY THESE COSTS AVERAGE ANYWHERE BETWEEN \$150.00 AND \$250.00 TO ISSUE A SUMMONS
(5) IF WE FIND THE CLAIM OR ANY PORTION THEREOF WAS PREVIOUSLY PAID BY DEBTOR, APPLICABLE COLLECTION FEES MAY BE CHARGED AT OUR DISCRETION.