



SARMA Collections, Inc. Debtor Information

The following fields are required for each debtor account placed:

Client's Account Reference No.
Guarantor Last Name
Guarantor First Name
Guarantor Address 1
Guarantor Address 2
Guarantor City
Guarantor State
Guarantor Zip
Guarantor Phone No.
Patient Name (Last, First)
Mail Returned? (Y or N)
Assigned Amount
Date of Last Charge
Patient DOB
Patient SSN
Guarantor SSN
Guarantor DOB
Employer Phone No.
Employer Name
Employer Address 1
Employer Address 2
Employer City
Employer State
Employer Zip

The following fields are not required, but greatly improve opportunities to recover debt:

Date Last Paid
Amount Last Paid
Original Charge
Amount of Payment
Other Information
Account in Dispute? (Y or N)
Payment Method
Guarantor Driver License No.
Spouse SSN
Spouse Name
* Insurance Company Name
* Insurance Policy Number
* Insurance Company Address
* Insurance Company City
* Insurance Company State
* Insurance Company Zip
* Insurance Company Phone #
Referring Physician

The following fields are not required, but they are also helpful items, and SARMA will use them:

Nearest Relative Phone No.
Nearest Relative Name
Other Address 1
Other Address 2
Other City
Other State
Other Zip
Interest Charges

* We will take up to two different providers for each