



## SARMA Collections, Inc. Debtor Information

The following fields are required for each debtor account placed:

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