Delinquent Account Write Off Approval Request

Team Member Submitting Request Date of Request

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Account Overview

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| *Provide patient name, services rendered, amount invoiced, amount received, amount owed* |

Contributing Factors to Delinquency

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| *Include details such as: patient satisfaction; insurance issues; noncompliance of office protocols;* |

Collection Attempts

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| *Provide a brief description of attempts to collect on the debt owed* |

Rationale for Write-Off

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Write-Off Total Amount

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Dr. Approval/Comments

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