Summit
Collection Services NJ, LLC

Medical Placement Form

Name of Patient_____Account #_____

Social Security #_____ Date of Birth_____

Address:_____

Telephone Number(s):_____

Employer Name/ Tel. #:_____

Amount Due:_____Date of Service:_____

Additional Information_____

_____

Client Information:

Client Name:_____

E-mail address _____

Address:_____

Phone #_____ Contact_____

50 North Franklin Turnpike, Ho Ho Kus, N.J. 07423-0306
Phone: (201) 251-1000 Facsimile: (201) 251-2381
e-mail / summitcoll@protonmail.com