

**FINANCE SYSTEM OF TOLEDO INC.**

PO BOX 351297 TOLEDO, OHIO 43635

**BAD DEBT ACCOUNT**

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ AMT DUE: \_\_\_\_\_

**RESPONSIBLE PARTY (LAST NAME, FIRST NAME, MI)**

NAME: \_\_\_\_\_ DOS: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DOB: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PATIENT NAME (LAST NAME, FIRST NAME, MI)**

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DOB: \_\_\_\_\_

**SPOUSE (LAST NAME, FIRST NAME, MI)**

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DOB: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_