

ACCOUNT PLACEMENT FORM

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| TO: CLX SYSTEMS/WESTWOOD MANAGEMENT, INC. 95 Hamel Road / P.O. Box 125 Medina, MN 55340 Phone: 763-478-9119 FAX: 763-478-9121 | FROM: Contact: |
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DEBTOR INFORMATION

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|---|----------------------------|--|-----------------------------------|---------------------|
| NAME (RESPONSIBLE PARTY): | | PATIENT'S NAME: | PT'S RELATIONSHIP: | PT'S DOB: |
| STREET ADDRESS: | | DENTAL INS CO: | INS CO. PHNE: | |
| CITY, STATE, ZIP: | | INSURED'S NAME: | POLICY ID: | |
| HOME PHONE: | | MED INS CO: | INS CO. PHNE: | |
| WORK PHONE: | | INSURED'S NAME: | POLICY ID: | |
| EMPLOYER: | | EMERG CONTACT AND RELATIONSHIP: | | |
| SS#: | | REASON FOR DEBT: | | |
| DATE OF BIRTH: | DRIVER'S LICENSE #: | DOS: | YOUR ACCT #: | AMOUNT OWED: |
| SPOUSES NAME: | SPOUSES SSN: | CHECK NO.: | DATES OF LAST CHARGE/PYMT: | |
| SPOUSES DOB: | SPOUSES POE: | <input type="checkbox"/> NSF? | | |
| COMMENTS: (spouse's name, friend/neighbor contact) | | | | |

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| EMPLOYER: | | EMERG CONTACT AND RELATIONSHIP: | | |
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