

NEIL MENASHE ATTORNEY AT LAW PC
NO FAULT COLLECTION COVER SHEET

PROVIDER NAME: _____

PATIENT NAME: _____

DATE OF ACCIDENT:

DATES OF SERVICE IN DISPUTE:

DATE OF SERVICE DUE	TYPE OF SERVICE	AMOUNT

DOCUMENTS ATTACHED:

____ ASSIGNMENT

____ MEDICAL REPORTS

____ BILLS IN DISPUTE

____ DENIALS

DATE CLAIM SENT TO LAW FIRM FOR COLLECTION:
