



Medical Insurance Recovery Services, Inc.

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Office (225) 273-7770 Toll Free 1-877-265-7770 Fax (225) 273-7779

Date: _____

Medical Facility

Facility Name: _____
Contact Person: _____
Phone: _____
Fax: _____
email: _____

Note: Please fill the information required below. We realize the numbers are going to be estimates only.

**ESTIMATED
INITIAL PLACEMENT INFORMATION.**

Please fill out your estimate of the current accounts that would be placed with MIRS.

	# of Accounts	\$ Amount
45 Days	_____	_____
60 Days	_____	_____
90 Days	_____	_____
Over 120	_____	_____

ESTIMATED - ACCOUNTS TO BE PLACED EACH MONTH

Please fill out the following information about accounts that would be placed with MIRS at the end of each month.

1. Estimated age of the accounts would be _____ days.
2. Estimated # of accounts turned over each month would be _____.
3. Estimated total dollar value of the accounts would be \$_____.