Date: _____

TREASURER-TAX COLLECTOR
437 Hall of Administration
500 W. Temple St., Los Angeles, CA 90012

COLLECTION REFERRAL/CREDIT MEMO

Bill to:
Name: _____ Telephone # (_____)_____
(Parent if Patient Is a Minor)

Address: _____ City _____State_____Zip _____
(Payor Address)

☐ Check here to indicate credit memo TTC account no. _____

Referral/credit memo number _____

Firm account to credit collections: _____

Charge Date	Description of Charge	Credit Memo Amt	Charge Amt

Department I.D. Number: _____(Provider Number with Alpha Code)_____

Social Security Number: _____(Payor)_____

Date of Birth: _____

Drivers License Number: _____

Documentation Attached: _____

Special Instructions: _____

I certify on my own personal knowledge that the above is a proper charge and that the items and the total amount thereof are correct.

_____
Signature Phone

Approved by:
_____
Signature

_____
Department

For TTC use only:

Statement Cycle: _____ Monthly Terms: _____

Account Type: _____ Effective Date: _____

Code: _____ Next Billing: _____

Charge I.D. _____ Due Date: _____