

St. Clair County Community Mental Health Authority

Request to Send Responsible Party to the Credit Bureau or Write-Off Account

The Finance Division is requesting your approval to:

Send this account to the Credit Bureau **OR**

Write-Off this account

We have exhausted policy steps in an attempt to obtain the necessary information/documentation/monies due from the Responsible Party and have been unsuccessful. (Please be aware that turning the account over to the Credit Bureau could result in civil litigation (e.g., Small Claims Court)).

CLIENT NAME: _____	CASE #: _____
RESPONSIBLE PARTY: _____ <i>(This is the person whose name would be going to the Credit Bureau)</i>	
TODAY'S DATE: _____	Fee Determination Effective Dates: _____
AMOUNT BEING SUBMITTED FOR COLLECTION OR WRITE-OFF \$ _____	

Responsible Party has chosen not to:

pay the assessed Ability to Pay (copy of signed FIPA attached).
submit the financial documentation in order to complete a FIPA.
pay towards the Installment Payment Agreement (copy of signed I.P.A. attached).
sign and return the FIPA.
follow through with the Medicaid Application process.
file for Medicare

Reason for Requested Action:

(Finance Designee Signature and Date)

Finance Supervisor:

I approve

I disapprove

Reason why this is clinically inappropriate:

(Finance Supervisor Signature and Date)

Chief Financial Officer:

I approve

I disapprove

Reason why this is clinically inappropriate:

(Chief Financial Officer Signature and Date)

For amounts \$5,000 or greater only

APPROVED

DISAPPROVED

(Signature Debra Johnson, Chief Executive Officer)

Remarks: