

North South Group
PO Box 1234
Concord, CA 94527-2275
800-123-4567, from 8am to 8pm EST, Monday to Friday
www.example.com

To: Dwight Schrute
1234 Main Street
Scranton, PA 18503-2486

Reference: 01-2345

December 1, 2023

North South Group is a debt collector. We are trying to collect a debt that you owe to Bank of Concord. We will use any information you give us to help collect the debt.

Our information shows:


You have a past due account with Bank of Concord with account number 12345678.

As of 11/1/23 you owed:	\$213.46
Between 11/1/23 and today:	
You were charged this amount in interest: +	\$0.00
You were charged this amount in fees: +	\$15.92
You paid or were credited this amount toward the debt -	\$0.00
Total amount of the debt now:	\$229.38

How can you dispute the debt?

- **Call or write to us by 12/15/23, to dispute all or part of the debt.** If you do not, we will assume that our information is correct.
- **If you write to us by 12/15/23,** we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write to us without the form. You may also include supporting documents. We accept disputes electronically at www.example.com.

What else can you do?

- **Write to ask for the name and address of the original creditor, if different from the current creditor.** If you write by 12/15/23, we must stop collection until we send you that information. You may use the form below or write to us without the form.
- **Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law.** For instance, you have the right to stop or limit how we contact you.
- Contact us about your payment options or go to examplepay.com. You can use this QR code to link to examplepay.com: 
- To communicate by text message, text the word "HELLO" to 12345. Message & Data rates may apply.



PO BOX 1234
CONCORD CA 94527-2275

ADDRESS SERVICE REQUESTED



DWIGHT SCHRUTE
1234 MAIN STREET
SCRANTON, PA 18503-2486

How do you want to respond?

Check all that apply:

- I want to dispute the debt because I think:**
 - This is not my debt.
 - The amount is wrong.
 - Other (please describe on reverse or attach additional information).
- I want you to send me the name and address of the original creditor.**
- I enclosed this amount:**

Make your check payable to North South Group Include the reference number 01-2345.

Mail this form to:

North South Group
PO Box 1234
Concord, CA 94527-2275



The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov. Nonprofit credit counseling services may be available in the area. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. California License Number 10826-99

FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE [HTTPS://COAG.GOV/OFFICE-SECTIONS/CONSUMER-PROTECTION/CONSUMER-CREDIT-UNIT/COLLECTION-AGENCY-REGULATION/](https://coag.gov/office-sections/consumer-protection/consumer-credit-unit/collection-agency-regulation/) . A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt. Local Address: Borenstein & Associates, LLC, 7200 S. Alton Way, Suite B180, Centennial, CO 80112. Local Telephone: 303-309-3839.

This collection agency is licensed by the Minnesota Department of Commerce.

North South Group
PO Box 1234
Concord, CA 94527-1234
(800) 123-4567 from 8am to 8pm EST, Monday to Saturday
www.example.com

To: Dwight Schrute
1234 Main Street
Scranton, PA 18503-2486

Reference: 01-2345


North South Group is a debt collector. We are trying to collect a debt that you owe to Bank of Concord. We will use any information you give us to help collect the debt.


Our information shows:

You had a past due account with Bank of Concord with account number 123-456-789.


As of November 1, 2023 you owed:		\$213.46
Between November 1, 2023 and today:		
You were charged this amount in interest:	+	\$0.00
You were charged this amount in fees:	+	\$15.92
You paid or were credited this amount toward the debt:	-	\$0.00
Total amount of the debt now:		\$229.38

How can you dispute the debt?

 **Call or write to us by December 15, 2023, to dispute all or part of the debt.** If you do not, we will assume that our information is correct.

 **If you write to us by December 15, 2023,** we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write to us without the form. You may also include supporting documents. We accept disputes electronically at www.example.com/dispute.

What else can you do?

 **Write to ask for the name and address of the original creditor, if different from the current creditor.** If you write by December 15, 2023, we must stop collection until we send you that information. You may use the form below or write to us without the form. We accept such requests electronically at www.example.com/request.



Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law. For instance, you have the right to stop or limit how we contact you.



Contact us about your payment options or go to examplepay.com. You can use this QR code to link to examplepay.com:



To communicate by text message, text the word "HELLO" to 1234. Message and data rates may apply.

Notice: See reverse side for important information.



PO BOX 2275
CONCORD CA 94527-2275

ADDRESS SERVICE REQUESTED



DWIGHT SCHRUTE
1234 MAIN STREET
SCRANTON, PA 18503-2486

How do you want to respond?

Check all that apply:

- I want to dispute the debt because I think:**
 - This is not my debt.
 - The amount is wrong.
 - Other (please describe on reverse or attach additional information).
 - I want you to send me the name and address of the original creditor.**
 - I enclosed this amount:** \$
- Make your check payable to North South Group. Include the reference number 01-2345.
- Quiero este formulario en español.**

Mail this form or payment to:

North South Group
PO Box 1234
CONCORD CA 94527-1234



Notice: Important Information

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. To ensure professional service and legal compliance, all incoming and outgoing telephone calls to North South Group may be recorded and/or monitored.

Correspondence Address:

North South Group, 1234 Main Street, Pasadena, CA 91111-2222. Please do not send payments to this address.

We are required under various State laws to notify consumers of the following rights. This list does not include a complete listing of rights consumers may have under State and Federal Law

[OPTIONAL AND/OR STATE DISCLOSURES UNDER APPLICABLE LAW CAN BE REFLECTED HERE, ABOVE THE TEAR-OFF LINE]

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DEPT 999 4567890123456
PO BOX 4115
CONCORD CA 94524



4057 PORT CHICAGO HIGHWAY, SUITE 300
CONCORD, CA 94520 ~ 925-689-7100

January 25, 2024

RETURN SERVICE REQUESTED



Dwight Schrute
1234 Main St.
Scranton, PA 18503

Regarding:	ABC Bank
Account Number:	9876543210
Original Account Number:	0123456789
Date of Service:	January 11, 2024
Total Balance:	\$300.00

COMPUMAIL, INC. ACCOUNT INFORMATION

Regarding: ABC Bank	Account Number: 9876543210
Original Account Number: 0123456789	BALANCE DUE: \$300.00

Dear Dwight,

This is a communication from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

If you feel that your concerns have not been addressed, please contact CompuMail, Inc. first and allow us the opportunity to try and address your concerns at (888) 689-7100.

Sincerely,

CompuMail, Inc.

This collection agency is licensed by the collection service board of the department of commerce and insurance.

SIMPLE PAYMENT OPTIONS

PAY ONLINE



PLEASE VISIT:
www.compumailinc.com



PAY VIA PHONE



PLEASE CALL: 888-689-7001
Monday through Friday:
8:00am to 5:00pm, Pacific Time

PAY VIA MAIL



PLEASE SEND PAYMENT TO:
4057 Port Chicago Hwy, Suite 300
Concord, CA 94520-1160

PAY VIA TEXT



TEXT: "Please Pay Now" to 1234*
*Message + data rates may apply

Reference Account# 9876543210



DEPT 999 4567890123456
PO BOX 4115
CONCORD CA 94524



4057 PORT CHICAGO HIGHWAY, SUITE 300
CONCORD, CA 94520 ~ 925-689-7100

RETURN SERVICE REQUESTED



Pam Beesly
11 Maple Street
Scranton, PA 18505

Regarding:	ABC Bank
Account Number:	9876543210
Original Account Number:	0123456789
Date of Service:	January 11, 2024
Total Balance:	\$300.00

Dear Pam,

Welcome to CompuMail Collection Services. Your account has been transferred to our firm by the above referenced client to manage the extended or long term installment payments that are being made on this account. If there are additional services rendered, your balance will be adjusted to include these additional charges.

For your convenience payment coupons are enclosed. In order to maintain the accuracy of both our records and the records of our client, your monthly payments should now be made to CompuMail Collection Services at: 4057 Port Chicago Highway, Suite 300, Concord, CA 94520.

Any scheduled monthly payment that becomes thirty (30) days past due will be referred to our client for review. So remember to make your payments on time.

If you should have any questions please do not hesitate to call CompuMail Collection Services at 925-689-7100.

Thank you for your cooperation.

*This is an attempt to collect a debt by a debt collector
and any information obtained will be used for that purpose.*

Our business hours are Monday through Friday, 8:00am - 5:00pm Pacific Time.

Please detach coupons and return with your payment.

Payment 1 of 3

Send Payment To:

CompuMail, Inc.
4057 Port Chicago Highway
Suite 300
Concord, CA 94520

Payment Amount: \$100.00
Due Date: 01/31/2024

Payment 2 of 3

Send Payment To:

CompuMail, Inc.
4057 Port Chicago Highway
Suite 300
Concord, CA 94520

Payment Amount: \$100.00
Due Date: 02/29/2024

Payment 3 of 3

Send Payment To:

CompuMail, Inc.
4057 Port Chicago Highway
Suite 300
Concord, CA 94520

Payment Amount: \$100.00
Due Date: 03/31/2024



Account Number
0123456789



Customer Service
925-689-7100

Insurance
Premera Health
UMMRUT012345

4057 Port Chicago Hwy St 300
Concord, CA 94520
compumailmedgroup.com/pay-my-bill

Patient Statement

March 25, 2024

Thank you for choosing CompuMail Medical Group for your health care needs.



Patient: Pam Beesly

Date	Description	Treatment charge	Insurance payments & adjustments	Patient payments	Remaining amount
29 Feb 24	Infectious Agent Office/Outpatient Treatment	\$1000.00	-\$900.00	-\$0.00	\$100.00
03 Mar 24	Lab Chemistry Office/Outpatient Treatment	\$500.00	-\$250.00	-\$0.00	\$250.00
03 Mar 24	Lab Chemistry Office/Outpatient Treatment	\$500.00	-\$250.00	-\$0.00	\$250.00
Total		\$2000.00	-\$1400.00	-\$0.00	\$600.00

Current	30 days	60 days	90 days	Total Amount Now Due	\$600.00
\$600.00	\$0.00	\$0.00	\$0.00		

Payment due before March 31, 2024

Pay by Phone or Text
Call 925-689-7001 or
Text 'Pay Now' to 1234



Pay Online
Go to www.examplepay.com
or Scan QR code



Mail Payment
Return below coupon
with payment



It is the policy of CompuMail Medical Group to offer a variety of options and programs for those patients that need financial assistance. Please contact Customer Service at (925) 689-7100



Please check box if your address or insurance information has changed and indicate on reverse side.

Account Number
0123456789
Amount Due
\$600.00



PO BOX 4115
CONCORD CA 94520

Amount Enclosed

\$

RETURN SERVICE REQUESTED



PAM BEESLY
11 MAPLE ST
SCRANTON PA 18505

Send payment to:

CompuMail Medical Group
PO BOX 4115
Concord CA 94520



Patient Information	Insurance Information
Name:	Primary Insurance Company:
Address:	Relation to Insured: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____
Home Phone #:	Insurance Phone #:
Cell #:	Policy #:
Employer:	Group #:
Business Phone:	Policy Holder Name:
	Date of Birth:



Billing Information		Amount Due:
Patient Name:	Pam Beesly	\$350.00
Billing Number:	8765490	
Bill Date:	04/01/2024	

Pay Online
www.examplepay.com

By Phone
(888) 123-4567

By Text
TEXT "Pay Now" to 1234

Or By Mail
Payment coupon below

Account Summary		
Total Charges:	\$1500.00	
Total Due:	\$350.00	
Date Due:	04/30/2024	
Aging of Balances Due:		
0-30 Days	31-60 Days	61-90 Days
\$350.00	\$0.00	\$0.00
91-120 Days	121+ Days	
\$0.00	\$0.00	

If the insurance information below is incorrect, please contact us.

Primary Insurance: BLUE CROSS OUT OF STATE
 Secondary Insurance: SELF PAY
 Policy Holder Name: Pam Beesly
 Policy Number: 01234-56789

If you have billing questions or changes to insurance information, please call Patient Financial Services at (888) 123-4567 or (925) 689-7001, Monday through Friday 8:00 am - 7:00 pm.

If you have written correspondence **PLEASE MAIL TO:**
 Patient Financial Services
 4057 Port Chicago Hwy, Suite 350
 Concord, CA 94520

GO GREEN Pay your bill online at:
www.examplepay.com

Date	Description	Charges	Credits
Hospital Charges for Pam Beesly:			
03/01/2024	Outpatient Treatment	\$1000.00	
03/21/2024	Insurance Adjustment		\$750.00
	Visit Balance		\$250.00
Physician Charges for Pam Beesly:			
03/15/2024	Radiologist Charges	\$500.00	
03/21/2024	Insurance Adjustment		\$400.00
	Visit Balance		\$100.00

Important Messages: You may receive separate bills for Physician Services. Please work directly with these providers regarding their charges.

Please enter Account Number on all checks and correspondence. Detach and return the bottom with your payment.

Please check box if your address or insurance information has changed and indicate on reverse side.

HRM: 9876543210



RETURN SERVICE REQUESTED

Account Number	Pay This Amount
9876543210	\$350.00
Due By	Amount Paid
04/30/2024	



PAM BEESLY
 11 MAPLE ST
 SCRANTON PA 18505

Send payment to:

CompuMail Medical Group
 PO BOX 6756
 Concord CA 94524-1756





Patient Name: Dwight Schrute
Billing Number: 23894576
Bill Date: 01/10/2024

Summary (as of 03/15/2024)

Total Charges:	\$1500.00
Insurance & Adjustments:	-\$500.00
Date Due:	February 9, 2024
Total Due Now:	\$500.00

Important Messages: You may receive separate bills for Physician Services, such as Radiologists, Anesthesiologists, Cardiologists, ER Physicians, and Consulting Physicians. Please work directly with these providers regarding their charges.

Payment Options

PAY YOUR BILL SECURELY ONLINE AT:
www.examplepay.com



PLEASE MAIL TO:
 Patient Financial Services CompuMail
 PO Box 94527
 Concord, CA 94527



PAY BY PHONE OR TEXT:
 Call 800-123-4567 or Text "Pay Now" to 1234.
 Message + Data rates may apply.

Financial Assistance

Compumail Medical Group offers a variety of options and programs for individuals who face challenges paying outstanding balances for services provided by our physicians. We will assist you in determining if you qualify for financial assistance. If you have questions, Financial Assistance Application please call customer service at 925-689-7100. For your convenience you may email us your question or request at: **billingcustomerservice@compumailmedgroup.com**

If the insurance information below is not correct, please contact us.

Primary Insurance: Premera Health
 Secondary Insurance: SELF PAY
 Policy Holder Name: Dwight Schrute
 Policy Number: 98765-4321



Date	Description	Charges	Credits
Hospital Charges for Dwight Schrute			
01/01/2024	Outpatient Treatment	\$1000.00	
01/21/2024	Insurance Adjustment		\$500.00
	Visit Balance		\$500.00

Total Due Now	\$500.00
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Total Due Now	Due Date	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days
\$500.00	01/10/2024	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00