



- 1) Full name of the person **financially responsible** (guarantor).
- 2) Social Security number of guarantor.
- 3) Full mailing address (not necessarily the physical address).
- 4) Telephone number.
- 5) Alternate telephone number (if available).
- 6) \_\_\_\_\_ Specific permission to call the phone number(s) provided with an automatic dialer **and** to leave an automated message.
- 7) Place of employment (title) or source of income of the guarantor.
- 8) Phone number and address of place of employment.
- 9) Exact dollar amount due.
- 10) Date of Service.
- 11) Name of spouse, if applicable.
- 12) Spouse's place of employment, if available.
- 13) Insurance information, including name of insured, social security number and employer.
- 14) Who/what service was for (patient's name, utilities with specific address, description of merchandise, etc.).
- 15) Name and phone number of person referring account to CBF Services.

## **CBF Services**

509 East 20<sup>th</sup> Street, Farmington, New Mexico 87401

[www.cbfservices.com](http://www.cbfservices.com)

888-325-5055