



Kennedy, Hayes & Katz, LLC
 4029 Pennsylvania Ave Dubuque, IA 52002
 Phone 563-513-9109 Fax 800-783-1693 placement@1KHK.com

Medical Placement Form

Use this form for patients of Physicians, Hospitals, Medical Centers and Billing Services

CLIENT INFORMATION:

 Physician and/or Company Name

 Office Contact Person

 Main Office Phone Number

PATIENT INFORMATION: Was the patient a minor, under the age 18 at the time of service? ___ NO ___ YES

 Patient First Name

 Patient Middle Name

 Patient Last Name

 Responsible Party (If different from patient.)

 Relationship to Patient

 Home Address (Avoid P.O. Boxes)

 Apartment Number

 City

 State

 Zip Code

 Cell Number

 Home Number

 Other Contact Number

 Employer Name

 Work Number

 Position Held

 Spouse Name

 Spouse Cell Number

 Spouse Work Number

 E-Mail Address

 Patient Date of Birth

 Patient Social Security Number

 Relative or Emergency Contact Name

 Relative or Emergency Contact Phone Numbers

\$

 Balance Owed

 Account Number

 Last Date of Service

 Last Payment Date

Additional Information

By Submitting this form, I agree to the terms. I have read and agree to the terms and conditions listed in the Mutual Services Agreement for my company. I verify that I am over 18 years old, and that I am authorized by my company to agree to these terms. I understand that there are no collection fees until the account is collected. The fee will be 30% of what was collected.

FAX FORMS TO:
800-783-1693

E-MAIL FORMS TO:
 placement@1KHK.com

MAIL FORMS TO:
 KHK Placements
 P.O. BOX 3253
 Dubuque, IA 52004