

Mail or fax to
Gold Star Recovery

95 Broadway, Hicksville, NY 11801

TEL#: 1-800-398-9650 FAX#: 516-933-6293



GOLD STAR MEMBERS- MEMBERSHIP RATE IS 10% FEE ON EVERY RECOVERED PHASE-1 PLACEMENT - NO COLLECTION- NO FEE

MEDICAL CLAIM PLACEMENT FORM

GUARANTOR NAME, ADDRESS AND PHONE
LIST DEBTOR NAME & RELATIONSHIP
TO GUARANTOR.

PLEASE ATTACH ANY STATEMENTS, BILLS OR ANY
OTHER INFORMATION WHICH WILL HELP US
TO RECOVER YOUR MONEY

Debtor: _____	Amt Due: _____	Date of Service: ___/___/___
Guarantor: _____	SS #: _____	Date of Birth: ___/___/___
Address: _____	Customer No: _____	
City: _____	Employer Name: _____	
State: _____ Zip: _____	Employer Add: _____	
Phone #: (____) _____	City: _____ State: _____ Zip: _____	
	Employer Phone #: (____) _____	

Debtor: _____	Amt Due: _____	Date of Service: ___/___/___
Guarantor: _____	SS #: _____	Date of Birth: ___/___/___
Address: _____	Customer No: _____	
City: _____	Employer Name: _____	
State: _____ Zip: _____	Employer Add: _____	
Phone #: (____) _____	City: _____ State: _____ Zip: _____	
	Employer Phone #: (____) _____	

Creditor: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Person to Contact: _____	No Collection - No Fee
Phone #: (____) _____	
Signature: _____	CONSUMER CREDIT REPORTING SERVICES
Print Name & Title of Person Signing: _____	Please send additional forms # _____