

ATTACHMENT A

COUNTY OF FRESNO
AUDITOR-CONTROLLER/TREASURER OFFICE
REVENUE REIMBURSEMENT DIVISION
UNCOLLECTIBLE ACCOUNTS

AGENCY NAME _____
ADDRESS _____

DATE TRANSFERRED TO RRD _____
(Accounting Use)

EMS ACCT # _____	PT. NAME _____	DOB _____
	GUARANTOR NAME _____	AMOUNT DUE \$ _____
	STREET ADDRESS _____	DATE OF SERVICES _____
	CITY _____	PHONE _____
	STATE _____	SSN # _____
	ZIP _____	LICENSE # _____
	COMMENTS _____	REFERENCE # _____

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