



How to send electronic files to Express Recovery Services

Express Recovery Services accepts standard electronic file transfers in comma or tab delimited text files or a Microsoft Excel file format. We need to insure that each account is transferred as one line of information only.

Attached you will find examples of the various files along with suggested fields to include for various types of accounts. We have included example file layouts along with a couple examples of what actual files may look like in each format.

Your first assignment will go to mcamp@expressrecovery.com . Subsequent placements can be sent to epd@expressrecovery.com or you can upload them to our secure website at www.expressrecovery.com

If you have any questions regarding file transfers, please contact Michelle Camp at (801) 412-3939 or toll free at (800) 238-5888.

Thank you,

A handwritten signature in black ink that reads 'Michelle Camp'. The signature is fluid and cursive, with the first name 'Michelle' being more prominent than the last name 'Camp'.

Michelle Camp
General Manager
Express Recovery Services, Inc.

FILE LAYOUT FOR DOWNLOADING MEDICAL ACCOUNTS TO EXPRESS RECOVERY SERVICES, INC.

ACCOUNT #
GUARANTOR (LAST, FIRST)*
GUAR-SSN#
SPOUSE (LAST, FIRST)
SPOUSE SSN#
ADDRESS*
CITY*
STATE*
ZIP*
HOME PHONE*
EMPLOYER
EMPLOYER ADDRESS
CITY
STATE
ZIP
EMPLOYER PHN #
SP EMPLOYER NAME
SP EMPLOYER ADD
CITY
STATE
ZIP
SP EMPLOYER PHONE
AMOUNT OWING*
DATE OF LAST VISIT OR LAST DATE OF CHARGE*
PATIENT NAME
PATIENT DOB
INSURANCE COMPANY
POLICY NUMBER
INSURANCE PAYMENTS
EMERGENCY CONTACT NAME
EMERGENCY CONTACT PHONE
EMERGENCY CONTACT RELATION
EMERGENCY CONTACT NAME
EMERGENCY CONTACT PHONE
EMERGENCY CONTACT RELATION
DOCTOR NAME
DATE ACCT BECAME DELINQUENT*
PATIENT SS #

***Required Fields**

Fields shown above are only suggested fields. We prefer to get as much information as possible. The most important thing is that there is 1 line of information per account and that it is separated by a comma, tab or column if it's an Excel file. Outlining is done for purposes of example only. Your file does not need to be outlined.

FILE LAYOUT FOR DOWNLOADING FITNESS ACCOUNTS TO EXPRESS RECOVERY SERVICES, INC.

ω	1	ACCOUNT #
ω	2	GUARANTOR LAST NAME
		GUARANTOR FIRST NAME
		GUAR-SSN#
		SPOUSE LAST NAME
		SPOUSE FIRST NAME
		SPOUSE SSN#
		ADDRESS
		CITY
		STATE
		ZIP
		HOME PHONE
		EMPLOYER
		EMPLOYER ADDRESS
		CITY
		STATE
		ZIP
		EMPLOYER PHN #
		SP EMPLOYER NAME
		SP EMPLOYER ADD
		SP EMPLOYER PHONE
		AMOUNT OWING
		SIGN UP DATE
		Cancel date
		Acct #
		SIGNUP LOCATION
		REFERENCE NAME 1
		REFERENCE PH # 1
		REFERENCE NAME 2
		REFERENCE PH # 2
		PRINCIPAL BALANCE
		INTEREST BALANCE
		COLLECTION FEE BALANCE
		TOTAL BALANCE

Comma delimited file

CLT ACCT #	NAME1	SS#	NAME2	ADDRESS1	CITY	ST	ZIP	PHONE-RES	EMP1 NAME	EMP1 ADDR	EMP1 CSZ	EMP1 PHN	EMP2 NAM	EMP2 ADR	EMP2 CSZ	EMP2 PHN	LST CHG	1ST DELQ	D/O/S	INS POL #	INS PMTS	ORIG BAL:	INS PAY DR	HOSP	SS#
10041	"BRIGGS, HYRUM"	005-01-0041		8140 INDIAN OAK DR	WEST JORDAN	UT	84088	801-282-2487	EXPRESS RECOVERY				486-4222												
10018	"BRIGGS, REBEKAH"	005-01-0018		8117 INDIAN OAK DR	WEST JORDAN	UT	84088	801-282-2487	KINDER CARE					01/27/2005	12/23/2004										
10019	"BRIGGS, REBEKAH"	005-01-0019		8118 INDIAN OAK DR	WEST JORDAN	UT	84088	801-282-2487	KINDER CARE					01/27/2005	12/23/2004										
10070	"BRIGGS, REBEKAH"	005-01-0070		8169 INDIAN OAK DR	WEST JORDAN	UT	84088	801-282-2487	BONNEVILLE COLLECTIONS				486-4251							03/11/2003	02/04/2003				
10126	"BRIGGS, REBEKAH"	005-01-0126		8225 INDIAN OAK DR	WEST JORDAN	UT	84088	801-282-2487	BONNEVILLE COLLECTIONS				486-4307							05/06/2003	04/01/2003				
27950	"BRIGGS, REBEKAH"		MR-					801-282-2487						01/24/2005	12/10/2004										
10101	"BRIGGS, TASIA"	005-01-0101		8200 INDIAN OAK DR	WEST JORDAN	UT	84088	801-282-2487									04/11/2003	03/07/2003							
28055	"BRIGGS, TASIA"		MR-					801-282-2487						01/24/2005	12/10/2004										
10058	"CAMP, JD"	005-01-0058		8157 INDIAN OAK DR	WEST JORDAN	UT	84088	801-282-2487	BONNEVILLE COLLECTIONS				486-4239							01/27/2005	12/23/2004				
10003	"CAMP, MICHELLE R"	005-01-0003		MR-8102 INDIAN OAK DR	WEST JORDAN	UT	84088	801-282-2487	MO'S TAVERN											01/27/2005	12/23/2004				

TAB DELIMITED FILE

CLT ACCT#	NAME1	SS#	NAME2	ADDRESS1	CITY	ST	ZIP	PHONE-RES	EMP1 NAME	EMP1 ADDR	EMP1 CSZ	EMP1 PHN	EMP2 NAM	EMP2 ADR	EMP2 CSZ	EMP2 PHN	LST CHG	1ST DELQ	D/O/S	INS POL #	INS PMTS	ORIG BAL:	INS PAY DR	HOSP	SS#		
10041	"BRIGGS, HYRUM"	005-01-0041		8140 INDIAN OAK DR	WEST JORDAN	UT		84088 801-282-2487	EXPRESS RECOVERY				486-4222		01/27/2005	12/23/2004											
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10070	"BRIGGS, REBEKAH"	005-01-0070		8169 INDIAN OAK DR	WEST JORDAN	UT		84088 801-282-2487	BONNEVILLE COLLECTIONS				486-4251		03/11/2003	02/04/2003											
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27950	"BRIGGS, REBEKAH"		MR-					801-282-2487							01/24/2005	12/10/2004											
10101	"BRIGGS, TASIA"	005-01-0101		8200 INDIAN OAK DR	WEST JORDAN	UT		84088 801-282-2487					04/11/2003	03/07/2003													
28055	"BRIGGS, TASIA"		MR-					801-282-2487							01/24/2005	12/10/2004											
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