Pohlman Script

GREETING

Hi this is _____ from Pohlman is this (medical records/billing) department?

Yes: I am calling regarding a legal (medical/billing) request. Name of the patient is _____with date of birth_____.

No: Can you transfer me or can I get the correct number to contact this department.

VOICE MAIL

This is _____ calling from Pohlman to check on a legal request under the name of _____ with date of birth _____ our call back number is 855-421-0099 with request id _____. Thank you good bye.

REMIT RECORDS & INVOICE TO: Pohlman 120 North Main Street Suite 3 Edwardsville, IL 62025

FAX: 314.754.4905 PHONE: 855.421.0099 records@pohlmanusa.com