

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ARRC REVIEW NOTIFICATION LETTER

Date

First Name Last Name

Address

City, State Zip Code

Account Number: _____

Account Name: _____

Dear Mr/Ms Last Name:

The South Carolina Department of Disabilities and Special Needs (DDSN) Third Party Billing System account for which you have been receiving statements is delinquent and is therefore scheduled for review by the DDSN Accounts Receivable Review Committee on _____.

According to DDSN Directive 200-03-DD: DDSN Accounts Receivable Collection Policy, you have the right to appear before this committee to present any facts which you consider relevant to arriving at a decision regarding this account.

Please notify the committee of your intent to appear at this meeting no later than _____ (DATE) either in writing or by calling me at _____ (PHONE NUMBER).

Sincerely,

Chairman, DDSN Accounts Receivable Review Committee

cc: Regional Claims and Collections Officer