

NATIONAL MEDICAL ADMINISTRATORS, INC.
3280 Pointe Parkway Suite 3000
Norcross, GA 30092
North Carolina License # 114118
Toll Free 888-310-1765 Atlanta 770-613-3280 Fax 470-299-4798
customerservice@nmacollections.com

M-Th Hours
8-5pm EST.
Fri 8-12 EST,
NMA Scam - 2

September 21, 2021

CREDITOR: INTERBRAND PARTNERS S.A. - APEX XTRM
BALANCE: \$119.97
CREDITOR ACCOUNT #: [REDACTED]

Calls to or from this company may be monitored or recorded for Quality Assurance.

Please be advised that our office has been retained by INTERBRAND PARTNERS S.A. - APEX XTRM with respect to an obligation for which you are responsible. If you need to speak to a representative, contact us at 888-310-1765 (toll free).

You may make your payment on-line using our secure link: <https://nmacollections.stratuspayments.net/>
Please use this reference number to process your payment: [REDACTED]

You are hereby given notice of the following information concerning the above referenced debt:

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is a communication from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose as defined by 15 U.S.C. 1692 (a) (6).

SCAM

MAILING INSTRUCTIONS: Enclose bottom portion with your payment or send correspondence to:

P.O. Box 2240
Southgate, MI 48195-0240
For processing of RETURN MAIL ONLY
DO NOT send correspondence to this address

To pay by credit card please complete this section

CHECK CARD TO BE USED FOR PAYMENT		3 digit security code
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISC. VER. Discover
CARD NUMBER	AMOUNT	
SIGNATURE	EXP DATE	

Reference #: 1548506 Balance: \$119.97
Creditor: INTERBRAND PARTNERS S.A. - APEX XTRM

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National Medical Administrators, Inc.
PO Box 924047
Norcross, GA 30010

