

Patient Financing - Financial Information Sheet

This is not an application. However, by completing this form, you are providing us consent to use this information to check your credit eligibility.

<p>Applicant Questions</p> <p>Applicant was recently turned down for third-party financing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Application Key # _____</p> <p>Service Type <input type="checkbox"/> General Services <input type="checkbox"/> Orthodontics/Invisalign</p> <p>Patient Name _____</p>	OFFICE USE ONLY	<p>Today's Date _____</p> <p>Date of First Office Visit _____</p> <p>Office Site Code _____</p> <p>Patient Chart No. _____</p> <p>Max Treatment Cost \$ _____</p> <p>Length of Treatment _____</p> <p>Approve Credit Line \$ _____</p> <p>Financial Source _____</p>
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Applicant Name

Prefix	First Name	Middle Initial	Last Name	Suffix

Personal Information

Date of Birth (MM / DD / YYYY)	Social Security Number (XXX-XX-XXXX)	Email Address
		@
Driver's License Number	State	Expiration Date (MM/YYYY)

Contact Information

Current Street Address	Suite/Apt #	City	State	Zip Code
Previous Street Address	Suite/Apt #	City	State	Zip Code
Housing Type	Home Phone (XXX-XXX-XXXX)	Mobile Phone (XXX-XXX-XXXX)		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____				
Move-in Date (MM/YYYY)	Work Phone (XXX-XXX-XXXX)	Message Phone (XXX-XXX-XXXX)		

Income

Employment Status (Check one)

Employed Unemployed Homemaker Student Disabled Military Other _____

Employed By _____ Date of Hire (MM/YYYY) _____

Annual Gross Income	Monthly Net Income*
\$	\$

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation

<p>Other Information</p> <p>Language Preference <input type="checkbox"/> English <input type="checkbox"/> Spanish</p> <p>Would you like to receive information and special offers in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Reference 1 First & Last Name _____ Contact Number (XXX-XXX-XXXX) _____</p> <p>Reference 2 (Required when No SSN or No Credit Check) First & Last Name _____ Contact Number (XXX-XXX-XXXX) _____</p>
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I, _____, acknowledge the above information is correct.

Print Applicant Name

Signature _____ Date _____