



Financing Worksheet

Complete this form and give to your provider to discover your payment options.

Ver. 2.3 May 2024

Applicant Name

First MI Last Suffix

Desired Loan Amount

\$ _____ Please enter a loan amount between \$2,500 and \$75,000.

Email Address

Date of Birth

_____/_____/_____
MM DD YYYY The borrower must be at least 18 years old.

Home Address

Street Apt/Suite

City State Zip Code

Primary Phone

_____-_____-_____
- - -

Are you the patient?

Yes | No (Please Circle One) If no, patient name _____

Social Security Number

_____-_____-_____
- - -

Gross Annual Income

\$ _____ Gross Annual
Additional Income \$ _____

Include only the borrower's wages or salary on the first line and any of the borrower's additional income on the second line (e.g., Interest, Dividends, Rentals, Retirement Income).

Monthly Housing
Payment

\$ _____ Mortgage | Rent | None Please Circle One.

Employment Status

Employed | Self-Employed | Unemployed | Retired Please Circle One.

Employer's Name

_____ Employer's Phone _____-_____-_____
- - -

Employment Start Date

_____/_____/_____
MM DD YYYY Occupation _____

ID Type

Drivers License | State ID | Passport Please Circle One

ID Number

_____ State of Issuance _____

Date of Issuance

_____/_____/_____
MM DD YYYY Date of Expiration ____/____/_____
MM DD YYYY

IMPORTANT INFORMATION ABOUT CHECKING YOUR RATE AND TERMS

Checking your rate will not affect your credit score. Proceed Finance program loans are provided by a variety of lenders. You can find more information at www.proceedfinance.com/lenders. Your actual rate depends upon credit score, loan amount, loan term, credit usage and history.



Pre-Qualification Credit Authorization

Dear Applicant,

Please read and acknowledge the following:

Credit Authorization

You understand that you are pre-qualifying for a loan under the Proceed Finance program. A Provider Representative may be assisting you in completing this online credit pre-qualification. Submission of this form constitutes authorization for Med-Den Funding LLC d/b/a Proceed Finance and its Lender Partners* under the Fair Credit Reporting Act to obtain information from your personal credit profile from the credit bureau and credit reporting agencies, to obtain a preliminary credit report resulting in a soft credit inquiry that is only visible to you and will not affect your credit score, to obtain such information to confirm your identity and avoid fraudulent transactions in your name, and to share such information with Lender Partners* who may further share your information with their partners to evaluate you for additional credit opportunities that may be used to finance your purchase of goods or services from your health care provider. This pre-qualification is not an application for credit. If you choose to continue, you will be offered the opportunity to complete a credit application separate from this pre-qualification process. Completing the pre-qualification process does not guarantee that you will be approved for a loan.

*Proceed Finance program loans are provided by a variety of lenders. You can find more information at www.proceedfinance.com/lenders.

I Agree

Patriot Act

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you, when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I Agree



Pre-Qualification Credit Authorization

Terms of Use

Prior to submitting an application, I agree to and/or confirm that:

- The information I have supplied on this application is true and correct
- I am at least 18 years old
- I am a citizen or permanent resident of the United States
- I have a United States Social Security Number
- I permit Proceed Finance and its Lender Partners to share information with my medical/dental provider(s) concerning the status of this application and account
- Although Proceed Finance and its Lender Partners will not be provided with information about my specific treatment(s), I hereby authorize the provider to disclose my name, verify that I am receiving treatment, verify whether the treatment has been completed, and verify the cost of that treatment to Proceed Finance and its Lender Partners
- Allow Proceed Finance and its Lender Partners to verify the information I have entered on this application, as well as obtain my credit report
- Proceed Finance may need to contact me regarding my application or my relationship with Proceed Finance, its partner banks, the patient's provider, or other third parties. By submitting this application, I expressly consent to be contacted by Proceed Finance, its agents, representatives, affiliates, or anyone calling on its behalf for those reasons at the mobile or landline telephone number(s) I provide (including any landline telephone number later converted to a mobile telephone number). I understand my mobile telephone provider will charge me according to my plan.

I Agree

Ohio Resident Only

The Ohio laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with the law.

Wisconsin Married Residents Only

No provision of a marital property agreement, including a Statutory Individual Property Classification Agreement pursuant to s. 766.587, a unilateral statement under s. 766.59 or a court decree under s. 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

Applicant Signature

Date