

## 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><b>Applicant Questions</b></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><b>Other Information</b></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 &amp; Last Name _____ Contact Number (XXX-XXX-XXXX) _____</p> <p>Reference 2 (Required when No SSN or No Credit Check)                  First &amp; Last Name _____ Contact Number (XXX-XXX-XXXX) _____</p>
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I, \_\_\_\_\_, acknowledge the above information is correct.

Print Applicant Name

Signature \_\_\_\_\_ Date \_\_\_\_\_