

Fax To: (866) 240-8454

## **Health Care Factoring Application**

Copy of the Articles of Incorporation or Partnership Agreement
Copy of the most recent summary of billing aging statement
Most recent financial statements (<u>Balance Sheet and P & L</u>)
Copy of the Providers medical license if applicable

\*Please include all information above\*
\*Return completed application and documents via fax\*

Address						
City	O					
Phone	<u>_</u>					
E-Mail Address	Federal Tax ID #					
If the Company uses a d/b/a or trade style, w	what is it?					
Company is a CorpLegal Partn	nershipProprietorship LLC Other					
Date Business Started:/	ate Business Started:/ State of Incorporation / Registration					
Describe Type of Business:						
Information on your Business /						
What is your average monthly billing volume						
How much of your average monthly billing do	o you wish to factor?					
(Check one) Monthly billing administration _	Internally processed (	Outsourced				
Have you ever factored your receivables?	NoYes					
If yes, with whom?						
	Internally administeredOutsourced					
(Check one) Collection procedures		_ Yes				
(Check one) Collection procedures  Does the Applicant or its Principal(s) have a	Internally administeredOutsourced  ny judgments or liens filed against them?No	_ Yes				
(Check one) Collection procedures  Does the Applicant or its Principal(s) have all yes, please explain:	Internally administeredOutsourced  ny judgments or liens filed against them?No					
(Check one) Collection procedures  Does the Applicant or its Principal(s) have all yes, please explain:  Does the Applicant or its Principal(s) have a	Internally administeredOutsourced  ny judgments or liens filed against them?No  any pending lawsuits against them?No					
(Check one) Collection procedures  Does the Applicant or its Principal(s) have all yes, please explain:  Does the Applicant or its Principal(s) have all yes, please explain:	Internally administeredOutsourced  ny judgments or liens filed against them?No  any pending lawsuits against them?No					
(Check one) Collection procedures  Does the Applicant or its Principal(s) have all fyes, please explain:  Does the Applicant or its Principal(s) have all fyes, please explain:  Are your Payroll, Federal and State Income	Internally administeredOutsourced  ny judgments or liens filed against them?No  any pending lawsuits against them?No					
(Check one) Collection procedures  Does the Applicant or its Principal(s) have all yes, please explain:  Does the Applicant or its Principal(s) have all yes, please explain:  Are your Payroll, Federal and State Income of No, please explain:	Internally administeredOutsourced  ny judgments or liens filed against them?No  any pending lawsuits against them?No  Taxes Current? Yes No					
(Check one) Collection procedures  Does the Applicant or its Principal(s) have all fyes, please explain:  Does the Applicant or its Principal(s) have all fyes, please explain:  Are your Payroll, Federal and State Income of No, please explain:  How much bad debt did you write off last year	Internally administeredOutsourced  ny judgments or liens filed against them?No  any pending lawsuits against them?No  Taxes Current? Yes No	_Yes				
(Check one) Collection procedures  Does the Applicant or its Principal(s) have all yes, please explain:  Does the Applicant or its Principal(s) have all yes, please explain:  Are your Payroll, Federal and State Income of No, please explain:  How much bad debt did you write off last yea is there any security interest granted that covered to the procedure of the	Internally administeredOutsourced ny judgments or liens filed against them?No any pending lawsuits against them?No  Taxes Current? Yes No  ur? \$	Yes				
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Check one) Collection procedures  Does the Applicant or its Principal(s) have all yes, please explain:  Does the Applicant or its Principal(s) have all yes, please explain:  Are your Payroll, Federal and State Income of No, please explain:  How much bad debt did you write off last year list there any security interest granted that could yes, please explain:  Do you have any outstanding business or principal(s) have all yes, please explain:		Yes				
Check one) Collection procedures  Does the Applicant or its Principal(s) have all fyes, please explain:  Does the Applicant or its Principal(s) have all fyes, please explain:  Are your Payroll, Federal and State Income of the No, please explain:  How much bad debt did you write off last year list there any security interest granted that could yes, please explain:  Do you have any outstanding business or profit yes, with whom?		_Yes				
Check one) Collection procedures  Does the Applicant or its Principal(s) have all fyes, please explain:  Does the Applicant or its Principal(s) have all fyes, please explain:  Are your Payroll, Federal and State Income of No, please explain:  How much bad debt did you write off last year its there any security interest granted that could yes, please explain:  Do you have any outstanding business or profit yes, with whom?  Name of Financial Institution:		Yes				

## Bank Account(s)

nk Name:  ntact Name:  nk Name:  ontact Name:				- Account #			
						Please est	_
Payer Class	0-30	Outstanding 31-60	61-90	91-120	121-150	151-180	180
Medicare -	0-30	31-00	01-90	91-120	121-130	131-160	10
Medicaid -							
Blue Cross/Shield							
Commercial Ins.							
HMO/PPO							
Self-Pay						+	
Workers Comp.				<del> </del>		+	
Other (Specify)							
Officer Name/Title			Ownership Dis	sclosure	Zip)		
			•	ddress (city, state,	Zip)		
Officer Name/Title	License Numbe	Social Sec	Home Ad	ddress (city, state,			
Officer Name/Title Home phone	License Numbe	Social Sec	Home Adsurity #  State of Issue	ddress (city, state,	rship % Date of Issue		
Officer Name/Title  Home phone  Medical Provider I	License Numbe	Social Sec	Home Ad	Owner ddress (City, State,	rship % Date of Issue		
Officer Name/Title  Home phone  Medical Provider I		Social Sec	Home Ad	ddress (city, state, Owner  ddress (City, State, Owner	Date of Issue		
Officer Name/Title  Home phone  Medical Provider I  Officer Name/Title  Home phone	License Number d below, as owner stigations and inquesting Small Business S mier Small Businer semier Small Businer	Social Security Social Social Security Security Social Security	Home Adsurity #  State of Issi  Home Adsurity #  State of Issi antors of Customer, omer's and individual assignee(s) in connecits assignee(s) may be assigned to the assigned to the assignee(s) may be assigned to the assigned to the assignee(s) may be assigned to the ass	ddress (city, state,  Owner  ddress (City, State,  Owner  authorize Premier Sr s' credit, operations a cition with the credit a make such inquiry to	Zip)  Take of Issue  Zip)  Take of Issue  Take of Issue	be deemed necessalso agrees to advisupply all requested	ary or e
Officer Name/Title  Home phone  Medical Provider I  Officer Name/Title  Home phone  Medical Provider I  The individuals name to conduct such invest desirable by Premier persons of whom Pre information, unless Provider I	License Number disconsisting at long sense of the sense o	Social Security Social Social Security Security Social Security	Home Adsurity #  State of Issi  Home Adsurity #  State of Issi antors of Customer, omer's and individual assignee(s) in connecits assignee(s) may be assigned to the assigned to the assignee(s) may be assigned to the assigned to the assignee(s) may be assigned to the ass	ddress (city, state,  Owner  ddress (City, State,  Owner  authorize Premier Sr s' credit, operations a cition with the credit a make such inquiry to	Zip)  Take of Issue  Zip)  Take of Issue  Take of Issue	be deemed necessalso agrees to advisupply all requested	ary or e
Officer Name/Title  Home phone  Medical Provider I  Officer Name/Title  Home phone  Medical Provider I  The individuals name to conduct such invest desirable by Premier persons of whom Pre information, unless Precopy of this authoriza	d below, as ownestigations and inquisiness Small Business Small Businesmier Small Businemier Small Busition shall be as vinted to by:	Social Security Social Social Security Security Social Security	Home Adams to the state of Issa Home Adams to the state of Iss	ddress (city, state,  Owner  ddress (City, State,  Owner  authorize Premier Sr. s' credit, operations a scion with the credit a make such inquiry to specifically advised of	Zip)  Take of Issue  Zip)  Take of Issue  Take of Issue	be deemed necess: also agrees to advis apply all requested er. A photographic o	ary or se or faxed
Officer Name/Title  Home phone  Medical Provider I  Officer Name/Title  Home phone  Medical Provider I  The individuals name to conduct such invest desirable by Premier persons of whom Pre information, unless Propy of this authorizated Agreed and Conse	d below, as ownestigations and inquisings Small Business Smell Businers Small Businers Small Busition shall be as vinted to by:	Social Secent Social Secent Social Secent Secent Secent Secent Security Social Secent Security Security Social Security	Home Ads  State of Issi  Home Ads  Furity #  State of Issi  antors of Customer, omer's and individual assignee(s) in conneits assignee(s) may to or its assignee(s) is	ddress (city, state,  Owner  ddress (City, State,  Owner  authorize Premier Sr. s' credit, operations a scion with the credit a make such inquiry to specifically advised of	Zip)  Tship %  Date of Issue  Zip)  Tship %  Date of Issue  mall Business Solution and collateral, as shall application. Customer cooperate with and su otherwise by Custome	be deemed necess: also agrees to advis apply all requested er. A photographic o	ary or se or faxed

## Medical Malpractice Insurance Disclosure

In addition to application, w	e require the following informa	ation:
Malpractice Insurance Carri	er:	
NAME		_
ADDRESS		_
CITY		_
STATE	ZIP	_
POLICY #		_
EFFECTIVE DATE		_
Please attach a copy of ins	urance documentation along	with your Medical License.
		rits assignee(s) the right to procure any and all reports a photographic or faxed copy of this authorization shall be as
Agreed and Consented to b	by:	
Signature		Title
Print Name		Date