



Dear Patient:

In an effort to provide you with flexible payment arrangements, we have expanded our payment policy to now include outside financing lenders: CareCredit, Sunbit, Proceed Finance, and Lending Club.

****If you would like to prequalify for finance options please fill out the information below to help us better assist you****

Yearly Income (before taxes) \$ _____ Additional Household Income \$ _____

Own _____ Rent _____ Other _____

Amount of rent or mortgage \$ _____

Employer _____

Employer phone # _____

Job Title _____

Start Date _____

Primary form of ID-Photo ID State ID # _____

State: _____ Issue:Month/Year _____ Expiration:Month/Year _____

*I authorize a pre-approval inquiry and/or application to be entered on my behalf.

X _____

Signature

Print your name here

Date: _____