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.

Applicant was recently turndown for third party financing?    Yes	this is not an approach. However, by completing this form,	<u> </u>	T		, , ,	
Office Site Code Service Type General Services Orthodontics/Invisitign  Patient Name Patient Name  Patient Name  Privat  Applicant Name  Suffin  Applicant Name  Privat  Applicant Name  Privat  Applicant Name  Privat  Applicant Name  Suffin  Applicant Name  Privat  Applicant Name  Privat  Applicant Name  Suffin  Applicant Name  Suffin  Applicant Name  Privat  Applicant Name  Suffin  Applicant Name  Applicant Name  Suffin  Applicant Name  Suffin  Applicant Name  Applicant Name  Applicant Name  Suffin  Appli	Applicant Questions			Today's Date		
Office Site Code Service Type General Services Orthodontics/Invisitign  Patient Name Patient Name  Patient Name  Privat  Applicant Name  Suffin  Applicant Name  Privat  Applicant Name  Privat  Applicant Name  Privat  Applicant Name  Suffin  Applicant Name  Privat  Applicant Name  Privat  Applicant Name  Suffin  Applicant Name  Suffin  Applicant Name  Privat  Applicant Name  Suffin  Applicant Name  Applicant Name  Suffin  Applicant Name  Suffin  Applicant Name  Applicant Name  Applicant Name  Suffin  Appli	Applicant was recently turndown for third-party financing?					
Sentics Type General Services Onthodonitics/Invivalign  Patient Name  Patient Name  Patient Name  Prefix First Name Middle Initial Last Name Suffix  Financial Source  Applicant Name  Perfox First Name Middle Initial Last Name Suffix  Financial Source  Approve Credit Line 3 Financial Source  Prefix First Name Middle Initial Last Name Suffix  Financial Source  Applicant Name  Perfox First Name Middle Initial Last Name Suffix  Financial Source  Applicant Name  Perfox Social Security Number Dox xxxxxxxxxx  Expiration Date Interview  Contact Information Current Street Address  Suite/Apt # City State 7:p Code  Nousing Type  Home Phone (DOX XXX.XXXX)  Mobilie Phone (DOX XXX.XXXXX)  Mobilie Phone (DOX XXX.XXXXX)  Mork Phone (DOX XXX.XXXXX)  Mork Phone (DOX XXX.XXXXX)  Mork Phone (DOX XXX.XXXXXX)  Mork Phone (DOX XXX.XXXXXX)  Mork Phone (DOX XXX.XXXXXX)  Mork Phone (DOX XXX.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Applicant was recently turndown for third-party financing?		يِد			
Sentics Type General Services Onthodonitics/Invivalign  Patient Name  Patient Name  Patient Name  Prefix First Name Middle Initial Last Name Suffix  Financial Source  Applicant Name  Perfox First Name Middle Initial Last Name Suffix  Financial Source  Approve Credit Line 3 Financial Source  Prefix First Name Middle Initial Last Name Suffix  Financial Source  Applicant Name  Perfox First Name Middle Initial Last Name Suffix  Financial Source  Applicant Name  Perfox Social Security Number Dox xxxxxxxxxx  Expiration Date Interview  Contact Information Current Street Address  Suite/Apt # City State 7:p Code  Nousing Type  Home Phone (DOX XXX.XXXX)  Mobilie Phone (DOX XXX.XXXXX)  Mobilie Phone (DOX XXX.XXXXX)  Mork Phone (DOX XXX.XXXXX)  Mork Phone (DOX XXX.XXXXX)  Mork Phone (DOX XXX.XXXXXX)  Mork Phone (DOX XXX.XXXXXX)  Mork Phone (DOX XXX.XXXXXX)  Mork Phone (DOX XXX.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Yes No If Yes, Application Key #			Office Site Code		
Patient Name  Personal Information Date of Birth (MM / DD / YYY)  Social Security Number (DXXXXXXXXXXX)  Date of Birth (MM / DD / YYY)  Social Security Number (DXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Service Type			Patient Chart No.		
Applicant Name Prefix First Name	General Services Orthodontics/Invisalign					
Applicant Name Prefix First Name			H			
Applicant Name Perefix First Name			Ö	Length of Treatment	_	
Applicant Name Prefix First Name Middle Initial Last Name Suffix  Personal Information Date of Birth (MM / DD / YYYY) Social Security Number (DOX-00-0000) Email Address  Driver's License Number State Expiration Date (MM/YYY)  Contact Information Current Street Address Suite/Apt # City State Zip Code  Previous Street Address Suite/Apt # City State Zip Code  Housing Type Home Phone (DOX-000-0000) Heart Other: Work Phone (DOX-000-0000) Message Phone (DOX-000-0000) Message Phone (DOX-0000-0000)  Income Employment Status (Civic) one) Employed By Date of Hire (MM/YYYY)  Annual Gross Income Social Security Number (DOX-000-00000) Message Phone (DOX-0000-00000)  Rent Other:    Work Phone (DOX-000-00000)   Message Phone (DOX-0000-00000)   Message Phone (DOX-0000-00000)   Cother Information Language Preference   Sizudent   Disabled   Military   Other	Patient Name			Approve Credit Line \$		
Applicant Name Prefix First Name Middle Initial Last Name Suffix  Personal Information Date of Birth (MM / DD / YYYY) Social Security Number (DOX-00-0000) Email Address  Driver's License Number State Expiration Date (MM/YYY)  Contact Information Current Street Address Suite/Apt # City State Zip Code  Previous Street Address Suite/Apt # City State Zip Code  Housing Type Home Phone (DOX-000-0000) Heart Other: Work Phone (DOX-000-0000) Message Phone (DOX-000-0000) Message Phone (DOX-0000-0000)  Income Employment Status (Civic) one) Employed By Date of Hire (MM/YYYY)  Annual Gross Income Social Security Number (DOX-000-00000) Message Phone (DOX-0000-00000)  Rent Other:    Work Phone (DOX-000-00000)   Message Phone (DOX-0000-00000)   Message Phone (DOX-0000-00000)   Cother Information Language Preference   Sizudent   Disabled   Military   Other				Financial Source		
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Date of Birth (NMM / DD / YYYY)  Social Security Number (DDCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Middle Initial	Last N	ame	Suffix	
Date of Birth (NMM / DD / YYYY)  Social Security Number (DDCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Date of Birth (NMM / DD / YYYY)  Social Security Number (DDCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Personal Information	1			I	
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Suite/Apt # City State Zip Code    Previous Street Address	Driver's License Number State	Expiration Date (MI	vi/YYYY)	L		
Suite/Apt # City State Zip Code    Previous Street Address						
Previous Street Address  Suite/Apt # City State Zip Code  Housing Type  Work Phone (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Contact Information			1		
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Housing Type  Own Rent Other:  Work Phone (XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
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Move-in Date (MM/YYYY)    Mork Phone (XXX-XXXXX)   Message Phone (XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Housing Type	Home	Phone	(XXX-XXX-XXXX)	Mobile Phone (XXX-XXX-XXXX)	
Move-in Date (MM/YYYY)    Mork Phone (XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			<u></u>			
Income Employed Unemployed Homemaker Student Disabled Military Other  Employed By Date of Hire (MM/YYYY)  Annual Gross Income  \$  Annual Gross Income  \$  Annual Gross Income  \$  Almony, 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  Other Information Language Preference  English Spanish  Would you like to receive information and special offers in the future?  Reference 2 (Required when No SSN or No Credit Check) First & Last Name Contact Number (XXX-XXX-XXXXX)  Reference 2 (Required when No SSN or No Credit Check) First & Last Name Contact Number (XXX-XXX-XXXXX)  Annual Gross Income  Reference 1 First & Last Name Contact Number (XXX-XXX-XXXXXX)  Reference 2 (Required when No SSN or No Credit Check) First & Last Name Contact Number (XXX-XXX-XXXXXX)  Annual Gross Income  Reference 1 First & Last Name Contact Number (XXX-XXX-XXXXXXX)  Reference 2 (Required when No SSN or No Credit Check) First & Last Name Contact Number (XXX-XXX-XXXXXXX)	Own Rent Other:					
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Employed Unemployed Homemaker Student Disabled Military Other  Employed By Date of Hire (MM/YYYY)  Annual Gross Income \$  *Almony, 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  Other Information Language Preference English Spanish  Spanish  Would you like to receive information and special offers in the future?  First & Last Name Contact Number (XXX-XXX-XXXX)  Reference 2 (Required when No SSN or No Credit Check) First & Last Name Contact Number (XXX-XXX-XXXXX)  Acknowledge the above information is correct.						
Employed By  Date of Hire (MM/YYYY)  Annual Gross Income  \$  Monthly Net Income*  \$  *Allmony, 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  Other Information Language Preference  English  Spanish  Spanish  Reference 1  First & Last Name  Contact Number (XXX-XXXX-XXXXX)  Reference 2 (Required when No SSN or No Credit Check)  First & Last Name  Contact Number (XXX-XXXX-XXXXX)  Reference 2 (Required when No SSN or No Credit Check)  First & Last Name  Contact Number (XXX-XXXX-XXXXX)  Annual Gross Income  **Allmony, 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  Reference 1  First & Last Name  Contact Number (XXX-XXXX-XXXXX)  Annual Gross Income  **Allmony, 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  Contact Number (XXX-XXXX-XXXXX)  Reference 1  First & Last Name  Contact Number (XXX-XXXX-XXXXX)  Annual Gross Income  **Allmony, 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  Contact Number (XXX-XXXX-XXXXX)	Income					
Employed By  Date of Hire (MM/YYYY)  Annual Gross 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  Other Information Language Preference  English  Spanish  Would you like to receive information and special offers in the future?  Reference 2 (Required when No SSN or No Credit Check) First & Last Name  Contact Number (XXX-XXX-XXXX)  Reference 2 (Required when No SSN or No Credit Check) First & Last Name  Contact Number (XXX-XXX-XXXX)  Acknowledge the above information is correct.	Employment Status (Check one)			<u> </u>	1	
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Would you like to receive information and special offers in the future?  Yes  No  Reference 2 (Required when No SSN or No Credit Check)  First & Last Name  Contact Number (XXX-XXXX-XXXX)  First & Last Name  I,, acknowledge the above information is correct.	Language Preference First & Last N				Contact Number (XXX-XXX-XXXX)	
Yes No Contact Number (xxx-xxx-xxxx)  I,, acknowledge the above information is correct.						
Yes No, acknowledge the above information is correct.  Print Applicant Name	Would you like to receive information and special offers in the future?				Contact Number (XXX-XXX-XXXX)	
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Print Applicant Name	·	م مطلا - حال		· fti-a ia aan		
		owledge the a	bove	information is con	rect.	
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