

LeaseSource, Inc.
 1530 Dunwoody Village Parkway
 Suite 204
 Atlanta, GA 30338
 Tel: 800 422 8328 770 395 0140
 Fax: 404 492 8893



New Client Application Form

Practice Information:

Practice Name (Legal):

Federal Tax ID #:

Physical Address:

Type of Legal Entity:

City:

State:

Zip:

Are there additional locations?
 Yes No

Website:

* Attach addendum with
 information for all other locations

Description of Practice/Services Provided:

Business / Ownership Structure:

Years in business:

Financing Amount Requested:

Use of Proceeds:

Name of Primary Contact:

Telephone:

Title:

Email:

Facsimile:

Personal Information for Officers, Partners or Guarantors (Attach addendum for additional persons):

Name (Title): Birth Date: % Ownership: Social Security Number:

Home Address: City: State: Zip: Home Phone No.:

Name (Title): Birth Date: % Ownership: Social Security Number:

Home Address: City: State: Zip: Home Phone No.:

Name (Title): Birth Date: % Ownership: Social Security Number:

Home Address: City: State: Zip: Home Phone No.:

Administrative Systems:

List all software or service providers you use to manage claims submission, billing or any aspect of your revenue cycle. If not used, please enter "NA".

System/Service:	Vendor	Product/Version in Use
Practice Management Software:		
Electronic Claims Clearinghouse:		
Accounting Software System:		
Outsourced Billing Service:	_____	_____

Practice Management Software:

Electronic Claims Clearinghouse:

Accounting Software System:

Outsourced Billing Service:

Supplemental Information:

Monthly Gross Charges:

Monthly Collections:

Monthly Operating Expenses:

% of Collections from Self Pay?

Who is your current Bank?

Are you using a bank lockbox? Yes

No

Image

Paper

Vendor:

Are your payroll taxes current? Yes

No

Amount Due:

Are your federal taxes current? Yes

No

Amount Due:

Are your state and local taxes current? Yes

No

Amount Due:

Are your insurance policy premium payments current? Yes

No

Amount Due:

Are you in default of any terms of your existing indebtedness? Yes

No

Amount Due:

Are you involved in any current litigation? Yes No

Credit score of principa(s) (if known)

Document Request List:

1. Summary A/R Aging Schedule by Payer Category from your practice management system (see the following example of format and key items required)

Payer Class	% In Network	Accounts Receivable Aging Trial Balance						Total
		Days Receivables Outstanding						
		0-30	31-60	61-90	91-120	121-150	150+	
Medicare								\$
Medicaid								\$
Blue Cross/Shield								\$
Commercial Ins.								\$
HMO/PPO								\$
Self-Pay								\$
Workers Comp.								\$
Other (Specify)								\$
Totals		\$	\$	\$	\$	\$	\$	\$

Six months of bank statements for all accounts receiving payments and paying operating expenses

Six months of merchant credit/debit card statements

Latest fiscal and current year to date financial statements (income statement, balance sheet and statement of cash flows)

2. Monthly production reports for the latest twelve months (report showing gross charges, receipts and adjustments)
- 3.
4. Schedule of all debt instruments with corresponding maturities and amortization

Disclosures:

Attach an addendum to this application describing any events described below. Include the names of the physicians or officers of the practice that were involved, the dates, incidence, amounts and circumstances.

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Disciplinary Actions: The Practice's officers have been the subject of an administrative action, enforcement action, civil lawsuit or criminal prosecution brought by any federal, state or county agency, bureau or department, including, but not limited to, the Securities and Exchange Commission, the Federal Bureau of Investigation, the Environmental Protection Agency, Internal

Disclosures (continued):

Revenue Service, the Federal Trade Commission or any equivalent state or local authority, including but not limited to all state and local named a defendant in any civil or criminal RICO complaint.

Yes / No

Medicare/Medicaid Audits: Practice and/or related entities and predecessor companies that have been investigated by MEDICARE or MEDICAID for billing practices, potential fraud, or for any other reason, and a description of any investigation, whether closed or ongoing, and the outcome (including the amount of any settlement) are listed in the addendum.

Yes / No

Bankruptcies: The Practice's officers that have sought personal bankruptcy protection under Title 11 of the United States Code or been otherwise personally subject to a foreclosure proceeding (judicial or otherwise), an appointment of a receiver, or a forced liquidation. Or, the Practice's officers that have sought bankruptcy protection under Title 11 of the United States Code for any business in which he or she had an ownership interest of 20% or more, or which businesses were otherwise the subject of a foreclosure, an appointment of a receiver, or a forced liquidation.

Yes / No

Certification and Agreement:

Applicant certifies that the information contained in this application reflects a true and complete account of the financial status of the applicant. Permission is hereby granted to LeaseSource, Inc. (LSI) and its affiliated companies, or agents, to examine data, records, obtain credit histories and any other information in connection with the credit review process. LSI agrees to the confidentiality of this information unless disclosure is reasonably required in LSI's business activities or for regulatory purposes. This authorization, or a copy thereof, shall serve as permission by the undersigned to individuals, accountants, insurance, credit agencies and others for the release of all information required to LSI and affiliated companies or agents. Applicant understands that LSI is relying on this information to enter into a financing agreement with it. Applicant agrees to inform LSI immediately of any matter which will cause a material change to the Applicant's financial condition or operations. Applicant understands that LSI will retain this application.

By: _____ (Signature) Date: _____
Name: _____ (print)
Title: _____

Return completed application and requested attachments to:

Email: spfix@leasesourceinc.com
Fax: 404 492 8893