

**CREDIT APPLICATION**

Fax completed application to 1-508-424-3750

**DOCTOR / TREATMENT INFORMATION**

Doctor Name \_\_\_\_\_  
First Last  
 Doctor ID \_\_\_\_\_ if known  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Treatment Amount \$ \_\_\_\_\_ Multi-disbursement required?  Yes

**PRODUCT SELECTION**

Fixed-Rate Loan Options:  
 18 mos.    24 mos.    36 mos.    48 mos.    60 mos.  
 Minimum:   \$1,500   \$1,500   \$1,500   \$2,000   \$2,500

**No prepayment penalty; fixed rates starting at 1.99% APR\***

Interest-Free Loan Options:  
 3 mos.    6 mos.    12 mos.    18 mos.  
Minimum \$750   Minimum \$1,000

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
First MI Last  
 Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Do you  Own    Live w/Parents    Rent    Monthly mortgage/rent \$ \_\_\_\_\_  
 Employment Status    Employed    Not Employed    Retired  
 If retired, previous position \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 Work phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Gross Annual Household Income \$ \_\_\_\_\_ / year\*\*\*

**PATIENT INFORMATION**

Relationship to Applicant    self    child    spouse    grandchild  
**If self, skip to signature**  
 Patient under 18?    Yes    No  
 Patient Name \_\_\_\_\_  
First MI Last  
 Address same as applicant    Yes    No   Time at same address \_\_\_\_\_ yrs./mos.  
 If no, Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CAPITAL ONE<sup>®</sup> HEALTHCARE FINANCE<sup>SM</sup> LOAN PROGRAMS**

**\*Capital One Healthcare Finance Installment Loan:**  
 Rates for our program range from 1.99% APR – 23.99% APR. Upon approval, the Annual Percentage Rate available to you will be determined by the term for which you apply and your credit standing. These rates are available for a limited time only and are not available in all areas.

**\*\*Capital One Healthcare Finance Interest-Free Loan:**  
 Interest-Free financing options are only available in practices registered to offer Interest-Free products. Please verify availability with your doctor before selecting an Interest-Free product.

Please note that the 3 month Interest-Free loan is a 24 month fixed-rate loan with a 3 month Interest-Free period. Similarly, all other Interest-Free loans are 48 month fixed-rate loans with the stated Interest-Free periods. A 19.99% retroactive APR will be applied to the balance of your loan if it is not paid in full by the end of the Interest-Free period. To calculate finance charges, we will multiply your daily principal balance during the Interest-Free period by your Interest Rate of 19.99% APR. We will then add this interest charge to the balance of your loan.

**DISCLOSURES**

The applicant certifies that the information in this credit application is true and complete and made for the purpose of obtaining a loan. Capital One Healthcare Finance is authorized to verify the information disclosed and to perform a credit investigation. The applicant authorizes Capital One Healthcare Finance to give credit information to any credit reporting service and to respond to credit inquiries. It is also agreed that the application shall remain the property of Capital One Healthcare Finance whether or not the loan is granted. The loan proceeds may be paid as authorized by any applicant.

**IMPORTANT INFORMATION ABOUT APPLYING FOR AN ACCOUNT UNDER CAPITAL ONE HEALTHCARE FINANCE:**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you apply for a loan, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents. If your application is approved, financing will be provided by Capital One, N.A. or another independent bank. \*\*\*Alimony, child support or separate maintenance income need not be revealed if you do not choose to have them considered as a basis for repaying this loan. Gross annual household income must be at least \$15,000 per year.




I have authorized staff to submit this on my behalf.  
 In order to process your loan application, authorization is required to disclose information to provider's staff related to processing, decisioning, and funding of your loan application.

**APPLICANT SIGNATURE :**


\_\_\_\_\_  
 Signature required for all applications



**FIXED-RATE PLAN**

-  **Loan Amount:** You Choose From: \$1,500 – \$25,000
-  **APR:** Fixed and will not change, 1.99% – 23.99% Upon approval, the Annual Percentage Rate available to you will be determined by the term for which you apply and your credit standing.
-  **Loan Term:** You Choose From: 18, 24, 36, 48 or 60 months
-  **Monthly Payment:** Determined by term, loan amount and APR
-  **Fees:** Application fee: None  
Prepayment fee: None
-  **When you'll confirm the details:** Upon approval, you'll receive your exact APR, fixed monthly payment and loan term.

**INTEREST-FREE PLAN**

-  **Loan Amount:** You Choose From: \$750 – \$25,000
-  **APR:** None, if paid by the end of the interest-free period
-  **Interest-free Period:** You Choose From: 3, 6, 12 or 18 months
-  **Monthly Payment:** Determined by term, loan amount and APR
-  **Fees:** Application fee: None  
Prepayment fee: None
-  **When you would pay interest:** If you have an unpaid balance at the end of your interest-free period, a 19.99% retroactive APR will be applied to the balance of your loan during the interest-free period.  
**When you'll confirm the details:** Upon approval, you'll confirm your exact monthly payment and interest-free period.

If a payment is dishonored or returned, we reserve the right to charge a \$25 returned check fee. If any part of a payment is more than seven (7) days late, we reserve the right to charge a late fee of \$29.

**Fixed-Rate Plan**

Loan Amount	18 months 1.99% - 23.99% APR*	24 months 3.99% - 23.99% APR*	36 months 5.99% - 23.99% APR*	48 months 7.99% - 23.99% APR*	60 months 9.99% - 23.99% APR*
\$1,500	\$85 - \$101	\$66 - \$80	\$46 - \$60	—	—
\$2,000	\$114 - \$134	\$88 - \$106	\$62 - \$79	\$50 - \$66	—
\$2,500	\$142 - \$168	\$109 - \$133	\$77 - \$99	\$62 - \$82	\$54 - \$73
\$3,000	\$170 - \$201	\$131 - \$159	\$92 - \$119	\$74 - \$99	\$65 - \$87
\$3,500	\$198 - \$234	\$153 - \$186	\$107 - \$138	\$86 - \$115	\$75 - \$102
\$4,000	\$227 - \$268	\$175 - \$212	\$123 - \$158	\$99 - \$131	\$86 - \$116
\$4,500	\$255 - \$301	\$196 - \$239	\$138 - \$178	\$111 - \$148	\$97 - \$131
\$5,000	\$283 - \$335	\$218 - \$265	\$153 - \$197	\$123 - \$164	\$107 - \$145
\$5,500	\$312 - \$368	\$240 - \$292	\$168 - \$217	\$135 - \$181	\$118 - \$160
\$6,000	\$340 - \$401	\$262 - \$318	\$184 - \$237	\$148 - \$197	\$129 - \$174
\$6,500	\$368 - \$435	\$283 - \$345	\$199 - \$256	\$160 - \$213	\$139 - \$188
\$7,000	\$396 - \$468	\$305 - \$371	\$214 - \$276	\$172 - \$230	\$150 - \$203
\$7,500	\$425 - \$502	\$327 - \$398	\$230 - \$296	\$184 - \$246	\$161 - \$217
\$8,000	\$453 - \$535	\$349 - \$424	\$245 - \$315	\$197 - \$262	\$171 - \$232
\$9,000	\$509 - \$602	\$392 - \$477	\$275 - \$355	\$221 - \$295	\$193 - \$261
\$10,000	\$566 - \$669	\$436 - \$530	\$306 - \$394	\$246 - \$328	\$214 - \$290
\$15,000	\$849 - \$1,003	\$654 - \$795	\$459 - \$591	\$368 - \$492	\$321 - \$434
\$20,000	\$1,132 - \$1,337	\$871 - \$1,060	\$611 - \$788	\$491 - \$655	\$428 - \$579
\$25,000	\$1,414 - \$1,671	\$1,089 - \$1,325	\$764 - \$985	\$614 - \$819	\$535 - \$723

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