ACCOUNTS RECEIVABLE FINANCING PRELIMINARY APPLICATION

Direct Private Lenders Inc.
125 N E Sherwood DR
El Dorado, Ar 71730
Office 501-255-2529
Fax 501-255-2519
Cell 870-818-6311

Provider's Name: _____

Type of Practice / Business: _____

A/R Breakdown:

Insurance: _____ **%** **HMO/PPO:** _____ **%**

Medicare: _____ **%** **Workers Comp:** _____ **%**

Medicaid: _____ **%** **Self Pay:** _____ **%**

Other (Specify): _____ **%**

Average Invoice Size: $ _____

(Invoice size is defined as the total dollar amount billed for a patient on a single HCFA Form or during an electronic transmission at one time)

Average Time to Collect (in days): _____

Average Monthly Billing Volume:$ _____

Average Monthly Collections:$ _____

Average Monthly Operating Expenses:$ _____

Reason for Attaining Working Capital / Use of Proceeds:

_____

_____

Required Payoffs:

1. _____

Party	**Amount**	**Lien Filed (yes/no)**

Legal Name of Entity: _____

Address of Central Office: _____

Name of Contact Person: _____ **Title:** _____

Telephone: _____ **Facsimile:** _____

Address of all locations and other names used, if applicable: _____

_____

Tax ID #'s: _____

Details of Business and Ownership Structure: _____

_____

FINANCIAL AND OPERATIONAL DATA:

1. The latest two years of financial statements (audited, if available), most recent interim financial statement, and the latest two years of corporate tax returns.

2. An overview of the company and a description of its management team.

3. Desired amount of financing and proposed use of proceeds: _____

_____

_____

4. Outstanding debt and the asset(s) it is encumbering, if any: _____

_____

5. A current Aged Trial Balance of your Accounts Receivable in 30-day increments broken out by payor type (i.e. Medicaid, Medicare, Commercial Insurance, etc.), in the form as follows:

Payor Class	Days Outstanding						
	0-30	31-60	61-90	91-120	121-150	151-180	180+
Medicare							
Medicaid							
Blue Cross/Shield							
Commercial Ins.							
HMO/PPO							
Self-Pay							
Workers Comp.							
Other (Specify)							

Once completed, please Fax to 501-255-2529 or Scan & Email