

Dentist Enrollment Form

CONTACT INFORMATION

Dentist's First Name		Dentist's Last Name			Title
Practice Name				Number of Practice Locations	
Manager's First Name		Manager's Last Name			Title
Patient Coordinator's First Name		Patient Coordinator's Last Name			Title
Office Phone () ()	Work Ext	Office Fax () ()		Alternate Phone () ()	
Practice Address		Suite #	City		State Zip
E-Mail Address			Website		

PRACTICE INFORMATION

Procedure Amounts: (Avg.) \$ (Annual) \$

What percentage of your patient procedures are financed? %

Do you offer Patients a Cash Discount? Yes No

Do you currently use patient financing? Yes No
If Yes, please list Company(s) below

Accepted credit cards: Visa Mastercard American Express

<input type="checkbox"/> Porcelain Veneers	<input type="checkbox"/> Braces
<input type="checkbox"/> Dental Implants	<input type="checkbox"/> Invisalign
<input type="checkbox"/> Gum Surgery	<input type="checkbox"/> Orthodontics
<input type="checkbox"/> Laser Whitening	<input type="checkbox"/> Fillings
<input type="checkbox"/> Bonding	<input type="checkbox"/> BriteSmile
<input type="checkbox"/> Bridges	<input type="checkbox"/>
<input type="checkbox"/> Crowns	<input type="checkbox"/>
<input type="checkbox"/> Cosmetic Dentistry	<input type="checkbox"/>

Please rate each topic below according to their level of importance for your practice

	Low	Medium	High		Low	Medium	High
Patient Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cash Incentive Awards for Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Interest Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-Marketing/Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deferred Payment Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attractive Marketing Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Prime Financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Website Access for Loan Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Dentist Web Listing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer Service/Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select the most appropriate finance program for your practice

PREFERRED

- A-D Credit-(Prime & Sub-Prime)
- 3-6-12 Month Deferred Payment Promotion
- 3-6-12 Month No Interest Promotion
- Patient Referrals
- Incentive Awards
- Free Wire & Check Overnight Delivery
- Preferred Dentist Listing on Website
- Advance Payment
- Co-Marketing Materials

FLEX

- A-D Credit-(Prime & Sub-Prime)
- 3-6 Month Deferred Payment Promotion
- 3-6 Month No Interest Promotion
- Patient Referrals
- Free Wire Transfers
- Free Overnight Check Delivery
- Advance Payment
- Marketing Materials

After completing all the sections above, please fax back to 1-888-502-8030. A Provider Relations Representative will contact your office with a Customized Finance Program Proposal to fit your practice needs.