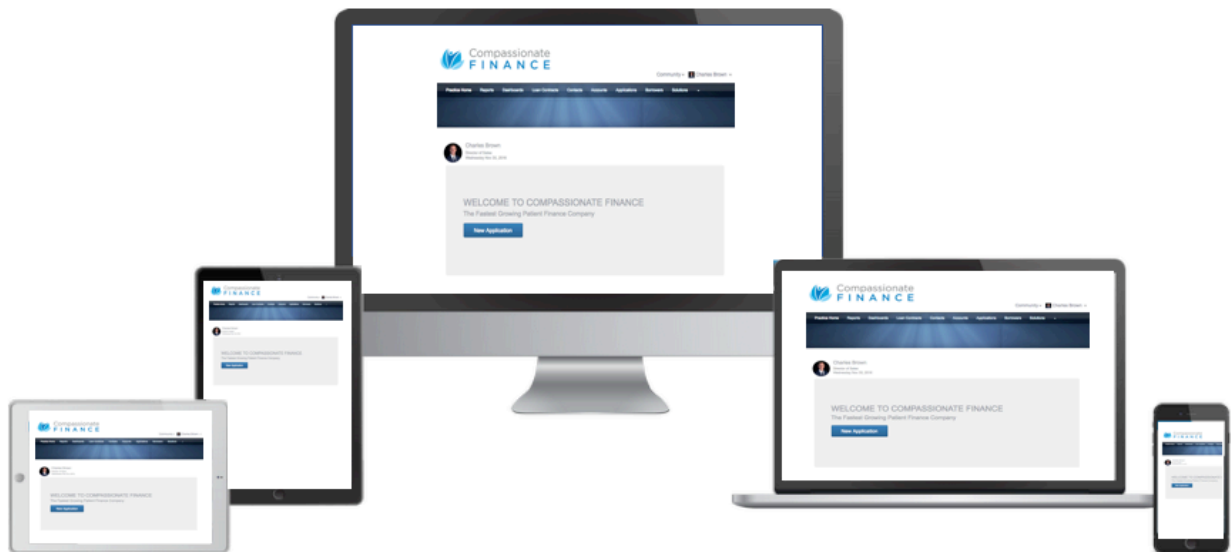




Compassionate
FINANCE

A Product of
 Comprehensive
FINANCE

Processing Credit Applications Executive Users Guide



Step 1: On the Practice Home page click **New Application**

Compassionate FINANCE

Compassionate Finance User Matthew Bentley * ▾

Practice Home Loan Contracts Reports Dashboard Support

Matthew Bentley
Tuesday Nov 29, 2016

WELCOME TO COMPASSIONATE FINANCE
The Fastest Growing Patient Finance Company

New Application

Step 2: Click **Continue** next to the location in which the patient will be applying

Choose the location from the table below, for which the application will be associated with.

Search keywords

Name	Address	Action
Advanced Warren Dental	27600 Hoover Road, Warren, MI 48093 United States	<input type="button" value="Continue"/>
Alpine Woods Family Dental	1433 East Wabash St., Frankfort, IN 46041 United States	<input type="button" value="Continue"/>
Birchwood Family Dental	1375 South Lebanon St., Suite 200, Lebanon, IN 46502 United States	<input type="button" value="Continue"/>
Canton Family Dentistry	44968 Ford Rd. Ste R, Canton Twp, MI 48187 United States	<input type="button" value="Continue"/>
Corner Dental - Bowling Green	990 West Poe Road, Bowling Green, OH 43402 United States	<input type="button" value="Continue"/>
Corner Dental - Lewis	5855 Lewis Avenue, Toledo, OH 43612 United States	<input type="button" value="Continue"/>
Corner Dental - Maumee	447 West Dussel Drive, Maumee, OH 43537 United States	<input type="button" value="Continue"/>
Corner Dental - Oregon	3246 Navarre Ave, Oregon, OH 43616 United States	<input type="button" value="Continue"/>
Corner Dental - Sylvania	7640 West Sylvania Avenue Ste D, Sylvania, OH 43560 United States	<input type="button" value="Continue"/>
Corner Dental - Talmadge	4321 Talmadge Rd, Toledo, OH 43623 United States	<input type="button" value="Continue"/>

1-10 of 80 Page Size:

Step 3: Instruct patient to complete the credit application, **agree to the terms** and click **Submit**

CREDIT APPLICATION

▼ Applicant Contact Information

Salutation <input type="text" value="--Select--"/>	
First Name <input type="text" value="Required"/>	Mobile Phone <input type="text" value="Required"/>
Last Name <input type="text" value="Required"/>	Work Phone <input type="text"/>
Email <input type="text" value="Required"/>	Home Phone <input type="text"/>

▼ Applicant Address Information

Street <input type="text" value="Required"/>	Mailing State/Province Code <input type="text" value="--Select--"/>
City <input type="text" value="Required"/>	Zip/Postal Code <input type="text" value="Required"/>

▼ Applicant Other Information

Birthdate <input type="text" value="Required"/>	Person Receiving Services (if other than borrower) <input type="text"/>
Social Security Number <input type="text" value="Required"/>	
Preferred Monthly Payment Date <input type="text" value="--Select--"/>	Relationship to Person Receiving Service <input type="text" value="--None--"/>

▼ Applicant Other Information

Birthdate <input type="text" value="Required"/>	Person Receiving Services (if other than borrower) <input type="text"/>
Social Security Number <input type="text" value="Required"/>	
Preferred Monthly Payment Date <input type="text" value="--Select--"/>	Relationship to Person Receiving Service <input type="text" value="--None--"/>

▼ Applicant Bank Information

Name on Bank Account <input type="text" value="Required"/>	Routing Number <input type="text" value="Required"/>
Bank Name <input type="text" value="Required"/>	Account Number <input type="text" value="Required"/>
Bank Account Type <input type="text" value="--Select--"/>	

By continuing, you agree to the [Terms & Conditions](#), [Electronic Transactions and Disclosures](#) and authorize Compassionate Finance to obtain credit reports from one or more consumer reporting agencies to check eligibility for a payment plan.

I Agree

Submit Application

Step 4: Choose a value from the **Service Type** picklist field, click **Run Credit**

Application Status

▼ Applicant Information

Application ID APP-000000457

First Name Marisol

Last Name Testcase

Service Type **--Select--**
Standard Interest Rates
NADG - Orthodontics
Standard Interest Rates

Borrower Down Payment 0.00

Total Cost

Application Status	Credit Rating
Pending	Pending
Interest Rate	Bank Rating
Pending	Pending
Amount Financed	
Pending	

Go Back Run Credit

Application Status

▼ Applicant Information

Application ID APP-000000457

First Name Marisol

Last Name Testcase

Service Type NADG - Orthodontics

Borrower Down Payment 500

Total Cost 5000

Application Status	Credit Rating
APPROVED	Good
Interest Rate	Bank Rating
5.00 %	Checking Verified - Good Standing
Amount Financed	
\$4,500.00	

Continue

Scenario: For applications that require manual approval, you can edit and **Verify Bank Account** that the applicant provided as well as **Manually Approve** loans.

Application Status

▼ Applicant Information

Application ID APP-000000457

First Name Marisol Last Name Testcase

Service Type NADG - Orthodontics Borrower Down Payment 500

Total Cost 5000 Bank Name RCB Bank

Account Number 1111 Routing Number 111000614

Application Status

REQUIRES MANUAL APPROVAL – CALL 866-846-8266 EXT. 1

Interest Rate

5.00 %

Amount Financed

\$4,500.00

Credit Rating

Good

Bank Rating

Invalid Bank Account Number

Refresh Verify Bank Account Deny Credit

Note: You can only manually approve applications when the bank account has been verified.

Application Status

▼ Applicant Information

Application ID APP-000000462

First Name Marisol Last Name Testcase

Service Type NADG - Orthodontics Borrower Down Payment 500

Total Cost 5000

Application Status

REQUIRES MANUAL APPROVAL – CALL 866-846-8266 EXT. 1

Interest Rate

5.00 %

Amount Financed

\$4,500.00

Credit Rating

Bad

Bank Rating

Checking Verified - Good Standing

Refresh Approve Manually Deny Credit

Step 5 – 1: Choose a value from the **Description of Goods & Services** and **Provider** fields.

Term Selection

▼ Applicant Information

Application ID: APP-0000000419

Salutation: Ms.

First Name: Marisol Last Name: Testcase

Total Cost: 5000.00 Borrower Down Payment: 100.00

Provider: [] Preferred Monthly Payment Date: 22

Description of Goods & Services: Orthodontics

Recalculate

Application Status: APPROVED

Interest Rate: 5.00 %


Amount Financed: \$4,900.00

Step 5 – 2: Click **Select** next to the monthly payment option the applicant requested

Amount Financed	Interest Rate	Number of Payments	Monthly Payment	
\$4,900.00	5.00 %	60	\$92.44	Select
\$4,900.00	5.00 %	54	\$101.49	Select
\$4,900.00	5.00 %	48	\$112.81	Select
\$4,900.00	5.00 %	42	\$127.38	Select
\$4,900.00	5.00 %	36	\$146.82	Select
\$4,900.00	5.00 %	24	\$214.91	Select
\$4,900.00	5.00 %	18	\$283.05	Select
\$4,900.00	5.00 %	15	\$337.57	Select
\$4,900.00	5.00 %	12	\$419.36	Select
\$4,900.00	5.00 %	9	\$555.69	Select
\$4,900.00	5.00 %	6	\$828.42	Select
\$4,900.00	5.00 %	4	\$1,237.57	Select

Step 6: Click **Start Signing** and have the applicant e-sign the documents and click **Complete**

Start Signing
Go Back



RETAIL INSTALLMENT CONTRACT

Date: 11/29/2016

Buyer: Marisol Testcase

Address: Locust Ave
Anthill, MO 65488

Phone: 9189073509

Seller: Dental Care of Michigan - Hazel Park

Address: 23528 John R Rd.
Hazel Park, MI, 48030
United States

Phone: [\(248\) 397-1185](tel:2483971185)

LOAN NUMBER:

Buyer shall be referred to herein as "Buyer," "you," or "your." Seller shall be referred to as Seller. Seller may transfer or assign this Contract to another party. Compassionate Finance is the Seller's contracted service provider for the administrative functions related to this Contract.

PROMISE TO PAY: The credit price is shown below as the "Total Sales Price." The "Cash Price" is shown below. By signing this Contract, Buyer chooses to purchase the professional services and goods on credit according to the terms of this Contract. Buyer agrees to pay Seller the Amount Financed, Finance Charge, and any other charges in this Contract. Buyer agrees to make payments according to the Payment Schedule in this Contract.

DESCRIPTION OF GOODS AND SERVICES TO BE PROVIDED: Orthodontics

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled.	The total cost of your purchase on credit, including your down payment of \$100.00
5.00 %	\$385.38	\$4,900.00	\$5,285.38	\$5,385.38

Buyer's Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
36	\$146.82	22nd of the month.


CONSUMER WARNING:

NOTICE TO BUYER: DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THE CONTRACT YOU SIGN. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS MAY OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. KEEP THIS CONTRACT TO PROTECT YOUR LEGAL RIGHTS.

BUYER'S ACKNOWLEDGEMENT OF CONTRACT RECEIPT

I AGREE TO THE TERMS OF THIS CONTRACT AND ACKNOWLEDGE RECEIPT OF A COMPLETED COPY OF IT. I CONFIRM THAT BEFORE I SIGNED THIS CONTRACT, SELLER GAVE IT TO ME, AND I WAS FREE TO TAKE IT AND REVIEW IT.

Buyer: Marisol Testcase



Buyer's Signature: _____

Clear

Print Buyers Name: Marisol Testcase

Date: 11/29/2016

Continue

Complete



Note: Remind the applicant that their first payment will include a \$30 account setup fee.