

Treatment Financing Application

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Gross Monthly Income \_\_\_\_\_

Source of Income \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Residential Status    Own        Rent        Other    \_\_\_\_\_

Personal Reference \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

This information will be used to obtain financing for your dental treatment. We work with many different companies and will work to get you the best rate, and available amount possible. Once approved you will receive the disclosure information from the particular company chosen.

Signature \_\_\_\_\_

Please fill out form completely, sign and either bring into our office or fax to 248-634-3347