



FINANCING APPLICANT INFORMATION

First Name	Last Name	Home Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Phone	Mobile Phone	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Home Ownership		Monthly Rent / Mortgage	
<input type="text"/>	<input type="checkbox"/> Rent <input type="checkbox"/> Own		\$ <input type="text"/>	

IDENTITY INFORMATION

USA Government Issued ID	Issuing State	ID Number	Expiration Date (MM/YYYY)
<input type="checkbox"/> Driver License <input type="checkbox"/> Other ID	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>
Social Security Number	Date of Birth	* Required	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	A Photocopy of Your ID Must Be Submitted with Your Application	

EMPLOYMENT AND INCOME INFORMATION

Employment Status	Employer Name	
<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	<input type="text"/>	
Monthly Income	How Are You Paid?	Employer City / State
\$ <input type="text"/>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	<input type="text"/>
Other Monthly Household Income	Source of Other Income	Employer Phone
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
	Position	Time Employed
	<input type="text"/>	<input type="text"/>

PAYMENT INFORMATION

At least one payment type must be provided

Debit Card		Bank Account	
Debit Card Number	Routing Number	Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Expiration Date (MM/YYYY)	Billing Zip	Account Number	
<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	

PERSONAL CONTACTS

1	Name of Contact	Contact Phone Number	Relation with Contact
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Name of Contact	Contact Phone Number	Relation with Contact
	<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYMENT SCHEDULE

Select the payment schedule that is the most comfortable for you

<input type="checkbox"/> Once a Month \$4 Transaction Fee	<input type="checkbox"/> Twice a Month \$2 Transaction Fee	<input type="checkbox"/> Every Other Week \$2 Transaction Fee	<input type="checkbox"/> Every Week \$1 Transaction Fee
Once a month, every <input type="text"/>	Every <input type="text"/> and <input type="text"/>	Every other week on a <input type="text"/>	Every week on a <input type="text"/>
Starting on <input type="text"/> / <input type="text"/> / <input type="text"/>	Starting on <input type="text"/> / <input type="text"/> / <input type="text"/>	Starting on <input type="text"/> / <input type="text"/> / <input type="text"/>	Starting on <input type="text"/> / <input type="text"/> / <input type="text"/>

PAYMENT REMINDERS YES, send text reminders to my mobile phone

PATIENT INFORMATION (if different than the applicant)

Patient First Name	Patient Last Name
<input type="text"/>	<input type="text"/>

Questions about SimplePay, or about filling out this form?
Call (877) 600-3455 - M - F 7AM - 6PM MT

Applicant Name

FINANCING INFORMATION

This Section to Be Filled by Doctor's Office

Treatment Plan Total	\$	
Down Payment	- \$	+\$39 Enrollment Fee
Financed Balance	= \$	
Payment Amount	÷ \$	+ Transaction Fee
Payment Term	=	Payments

General Concepts

I. Parties. The following is an agreement between Simple Payments Corp. ("SimplePay") and you, a person seeking medical or dental treatment through patient financing ("Patient" or "You").

II. Patient Financing Plan. SimplePay has created a patient financing plan to make the business of paying for medical and dental treatments simpler and easier for Patient. If you feel particular financial constraint at any given moment in time, the first step is to reach out to SimplePay to see how we might better assist you.

III. Provider. This is defined as the person, entity, or company providing medical or dental services for Patient who is financed by SimplePay.

VII. Payment Terms and Financing Terms. The payment terms and financing terms that will apply to this Agreement will be specifically enumerated and agreed to by you in the form you fill out when you agree to obtain a Financing Plan from SimplePay. Those terms are hereby incorporated into this Agreement.

Payment Structure

I. Enrollment Fee. Immediately upon enrolling in any SimplePay financing program, Patient will be charged a one-time Enrollment Fee as specified in Schedule A. This fee is non-refundable.

II. Down Payment. Immediately upon enrolling in any SimplePay financing program, Patient will be charged a specified amount for a Down Payment.

III. Contingent Enrollment. Enrollment in any SimplePay financing program is contingent upon successful debit of both the Enrollment Fee and Patient's Down Payment.

IV. Transaction Fee. Depending on the repayment plan chosen, you will owe a periodic payment for a specified period of time. You will be charged a transaction-based fee as specified in Schedule A every time SimplePay debits a payment from your account. This is not an interest payment and is non-refundable and non-transferable. It will not be charged if Patient has no outstanding balance.

V. Authorization. You authorize SimplePay to debit your credit card or debit card and/or bank account, on the day the Patient gets paid. However, if Patient receives their pay by cash or check then the payment will be debited on next day.

Late Payments, Fees and Recovery

I. Prepayment. There is no penalty for prepayment, nor are there subsequent transaction fees once the full balance has been paid.

II. Payment Declined Fee. Patient will be charged a payment decline fee as specified in Schedule A whenever a payment is declined for insufficient funds or any other reason.

III. Late Fee. If Patient fails to make a payment within 7 days of when it is due without making alternative arrangements with SimplePay, Patient will be charged a Late Fee as specified in Schedule A for each instance of late payment.

IV. Postponement Charges. If Patient postpones the date of payment by notice to SimplePay to another date, Patient will be charged a Postponement Fee as specified in Schedule A.

V. Collections Fee. If Patient fails to make a payment within 30 days of when it is due without making alternative arrangements with SimplePay, Patient will be charged an additional 15% collections fee. Patient will be charged a 25% collections fee (of balance owed) or the maximum amount allowable under applicable state and federal law if Patient fails to make a payment within 60 days of when it is due without making alternative arrangements with SimplePay.

VI. Attorneys Fees. If Patient fails to make a payment within 60 days of when it is due without making alternative arrangements with SimplePay, Patient will be responsible for paying for all of SimplePay's reasonable attorneys' fees required to collect all outstanding amounts from Patient.

Disclaimer

SimplePay disclaims any implied guarantee regarding the accuracy, competence, timeliness, or relevance of any Provider. It is Patient's responsibility to evaluate the accuracy, competence, and usefulness of services of Provider.

Patient acknowledges that all decisions made by Patient to use the services of Provider will be the exclusive responsibility of Patient. SimplePay expressly disclaims any responsibility or liability for any adverse consequences or damages resulting from Patient's reliance on Provider.

Patient expressly agrees that use of Provider is at Patient's sole risk. SimplePay expressly disclaims all warranties of any kind, whether express or implied with respect to the services of Provider.

SimplePay makes no warranty that the services provided by Provider will meet your requirements, or that the services will be uninterrupted, timely, secure, or error-free; nor does SimplePay make any warranty as to the accuracy or reliability of the services provided by Provider.

Termination and Cancellation

I. Termination. Only Provider may cancel the payment plan. Once enrolled in the program, Patient is responsible for making all payments in accordance with the other provisions of this Agreement.

II. Refunds. SimplePay will not provide any refunds or return money once it has approved a Patient. SimplePay may reject approval of any Patient at its sole discretion. Any decision to refund money must be made by Provider as per the mutually agreed terms with SimplePay. SimplePay's fees are non-refundable.

Additional Provisions

I. Means of Communication. By signing this Agreement, you consent to receive communications from SimplePay by phone or email. You may also opt in to receive text messages.

II. Assignability. SimplePay may assign this Agreement to another party at any time. Patient's responsibilities are non-transferable and non-assignable absent written consent from SimplePay.

III. Credit Check. SimplePay will not check your credit as part of this Agreement.

IV. Credit Reporting. SimplePay may report payment activities to credit bureaus as a non-debt recurring payment to help Patient build credit. SimplePay may also report defaulted debt to credit bureaus after payment is 45 days or more past due.

V. Governing Law. This Agreement and any matters hereunder shall be governed by and construed in accordance with the laws of state of Colorado, excluding its conflict of law rules. Patient hereto hereby consent to the exclusive jurisdiction and venue of the courts of state of Colorado with respect to the resolution of any suit, action or proceeding hereunder.

VI. Severability. If one or more provisions of this Agreement are held to be unenforceable under applicable law, the parties agree to renegotiate such provision in good faith. In the event that the parties cannot reach a mutually agreeable and enforceable replacement for such provision, then (a) such provision shall be excluded from this Agreement, (b) the balance of the Agreement shall be interpreted as if such provision were so excluded and (c) the balance of the Agreement shall be enforceable in accordance with its terms.

VII. No Waiver. The failure to exercise or enforce or delay in exercising or enforcing any right or remedy provided by this Agreement or by law shall not constitute a waiver of the right or remedy or a waiver of other rights or remedies and the single or partial exercise or enforcement of any right or remedy provided by this Agreement or by law shall not preclude or restrict the further exercise or enforcement of any such right or remedy.

SCHEDULE A

- 1. **Enrollment Fee:** USD 39
- 2. ***Transaction Fee:**
USD 4 if Patient has one pay period in a month
USD 2 if Patient has two pay periods in a month
USD 1 if Patient has more than two pay periods in a month
- 3. **Payment Declined Fee:** USD 25
- 4. **Late Fee:** USD 15
- 5. **Postponement charges:**
Within same month USD 2.50
To another month USD 5.00

Certification

Acknowledgement of Terms of Service

By signing here, Applicant acknowledges that he or she has read the above "SimplePay Patient Terms of Service" in its entirety and agrees to be bound by it. Furthermore, Applicant affirms that all information provided is true and accurate to the best of Applicant's knowledge.

Applicant Signature

Date



Questions about SimplePay, or about filling out this form?

Call (877) 600-3455 - M - F 7AM - 6PM MT

Return Form by Fax: (800) 878-9073

OR by Email: Enroll@SimplePayApp.com