



## Client Profile Sheet

Legal Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Principal Name(s): \_\_\_\_\_

Services Provided: \_\_\_\_\_

List of Physicians and Specialty: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any known AR Liens/UCC Liens (Lines of Credit, Bank Loan, Mortgage) or what past funding company relationships do you have:

Loan Type: \_\_\_\_\_ Lien Holder/Bank: \_\_\_\_\_ Amount: \_\_\_\_\_

Loan Type: \_\_\_\_\_ Lien Holder/Bank: \_\_\_\_\_ Amount: \_\_\_\_\_

Outstanding AR Portfolio: \_\_\_\_\_ Monthly A/R: \_\_\_\_\_ Historical Avg Settlement: \_\_\_\_%

Payor Profile: Personal Injury: \_\_\_\_% Medicare: \_\_\_\_% Medicaid: \_\_\_\_% Private Insurance: \_\_\_\_%

Worker's Comp: \_\_\_\_% Out of Network: \_\_\_\_% Cash/Self-Pay: \_\_\_\_% Other: \_\_\_\_\_

Has the Principal or any rendering providers' medical license been subject to disciplinary action: if yes, please explain:

\_\_\_\_\_

Has any company Principal ever been convicted of a Felony: if yes, please explain:

\_\_\_\_\_

Are there any known legal and or civil judgments against the company or Principals: if yes, please explain:

\_\_\_\_\_