



Medical Accounts Receivable Application

Please fill out the appropriate fields and return to info@alleoncapital.com or fax to 201-340-6343. We promise to get back to you within 48 hours of submission. After review, additional information may be requested.

Broker Info

Broker(s) Company Name	
Broker(s) Full Name	
Broker Phone Number(s)/Email(s)	

General Info

Provider Company Name	
Provider Fictitious Name or d/b/a	
Street Address	
City/State/Zip	
Phone/Fax	
Tax ID	
License #	
Contact Person/Administrator	
Phone	

Email	
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Company Ownership Info

Name	Phone/Fax/Email

Company Info

What type of facility is it? (Physician, MRI, Hospital, DME, etc...)	
How long has the company been operating?	
Please provide brief history and overview of the company.	
Why is the company seeking financing and/or interested in selling its receivables?	
How much is being sought?	
Has the company previously received financing or attempted to sell its receivables? If so, please provide reason and outcome.	
Are there any current liens against the accounts receivable? If so, please state whether it's a bank, IRS or other lien and for how much.	Bank: \$ IRS: \$ Other: \$

<p>Does the company use a 3rd party billing/collection company? If yes, please provide the name of the company, the length of the contract and the software used. If no, how many people are dedicated in-house billers and what is the name of the software?</p>	
<p>What is the <u>monthly</u> gross billed amount average over the last two years?</p>	\$
<p>What is the average number of insurance claims billed per month?</p>	<p>Inpatient: Outpatient: Other:</p>
<p>What is the average gross dollar amount per claim billed?</p>	<p>Inpatient: Outpatient: Other:</p>
<p>What is the company's <u>monthly</u> operating expense?</p>	\$
<p>How many W2 employees does the company have?</p>	
<p>How many 1099 contractors does the company have?</p>	
<p>How many locations does the company operate from?</p>	
<p>What bank does the company use for operations?</p>	
<p>Has the company or any of its principals ever been involved in bankruptcy proceedings, either personal and/or corporate? If yes, please explain.</p>	
<p>Has the company or any of its principals ever been under <u>ANY</u> investigation? If yes, please explain.</p>	

Has the company or any of its principals ever been involved in any lawsuits? If yes, please explain.	
Are there any claims, actions, suits or judgments current or pending against the company or its principals? If yes, please explain.	
Are there any audits by either commercial or government payors, including but not limited to general audits, desk audits, targeted probe and educate (TPE) actions and/or prepayment reviews (PPR) current, past or pending against the company or any prior companies which involved the principals? If yes, please explain.	
Does the company do its own payroll? If not, please provide the name of the company and the length of the contract.	
Are Payroll taxes current? If not, what's the delinquent amount?	Yes/No; \$
Are Federal taxes current? If not, what's the delinquent amount?	Yes/No; \$
Are State taxes current? If not, what's the delinquent amount?	Yes/No; \$
Please provide any additional information you deem necessary for evaluation of your request for financing/sale of receivables.	

Revenue Breakdown

Percentage

No-Fault/PIP	
Worker's Comp	
Medicare/Medicaid	
Commercial	
Lien/LOP	
Self Pay	
Other	

PAYOR	AVERAGE MONTHLY GROSS CHARGES	X	COLLECTIBLE %	=	AVERAGE MONTHLY NET PAYMENT	AVERAGE DAYS TO PAY
No Fault/PIP	\$	X	%	=	\$	
Workers Comp	\$	X		=	\$	
Medicaid	\$	X		=	\$	
Medicare	\$	X		=	\$	
Commercial	\$	X		=	\$	
Lien/LOP	\$	X		=	\$	
Self Pay	\$	X		=	\$	
Other	\$	X		=	\$	

Additional Info

Have you spoken to an Alleon representative? If so, please specify.	
Additional Notes	

By signing below, the Borrower and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Alleon Capital Partners, LLC and its affiliates to receive credit reports and any other information regarding the Borrower and its owners / principals from third parties, to verify any information provided on the Application.

COMPLETED BY:

Signature

Date

Print Name

Title