



**PROGRAM ENROLLMENT FORM**

Please complete this form and fax to: **866.637.7864**

Doctor Name		Practice Name		Years in Practice
Practice Address			City	
State	Zip	Phone	Fax	
Medical License #	State	Federal Tax ID# or SSN	Key Office Contact Name	
Email Address			Key Office Contact Cell #	

**Program Selection: Please select the program(s) you would like to enroll in.\***

- |  |   |
|--|---|
| <input type="checkbox"/> Standard Regular Revolving: 5.9% (service fee)<br>(\$1 minimum purchase)    | <input type="checkbox"/> 3 Month Deferred Interest**: 6.9% (service fee)<br>(\$3,000 minimum purchase)  |
| <input type="checkbox"/> 6 Month Deferred Interest: 8.4% (service fee)<br>(\$3,000 minimum purchase) | <input type="checkbox"/> 12 Month Deferred Interest: 13.51% (service fee)<br>(\$1,000 minimum purchase) |

I wish to enroll my practice in the MedChoice Financial Program. I certify that the information above is accurate and I have read and agree to the MedChoice Provider Agreement.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

**Funding Method:** ACH (initiated within 48 hours)

**ACH Information**

I hereby authorize MedChoice Financial LLC, its partners transferees and assigns to automatically deposit any funds owed to me through the MedChoice Choices Credit Card Program to my checking account at the financial institution listed below.

_____ <b>Routing Number</b>	_____ <b>Account Number</b>
_____ <b>Financial Institution</b>	<b>IMPORTANT: Please also supply us with a copy of a Voided Check from this account.</b>

I hereby certify that the above information is accurate and complete and I agree with provisions discussed above.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\* Service fee is a MedChoice charge to provider, not a consumer charge.

\*\* As of May 1, 2009, accounts are subject to an APR of 10.65% for Tier Seven, 12.75% for Tier Six, 14.75% for Tier Five, 16.75% for Tier Four, 18.75% for Tier Three, 20.75% for Tier Two, 22.75% for Tier One; this rate may vary, minimum monthly FINANCE CHARGE of \$1.00. Subject to credit approval.