



I'm writing to introduce you to Invoice Factoring for the Medical Profession. We offer health-care providers **a unique and flexible financing solution** to meet the cash flow demands faced by your organization. Our primary service – **increasing working capital** by making cash advances based on patient billing – produces two major benefits:

- 1. Smoother, more reliable cash flow for operations**
- 2. More time to manage, control, and grow the business**

As a provider in the healthcare industry, management and control is critical to the success of your organization. We also understand that ***cash flow is vital***. Whether you're a young facility needing new equipment or additional partners, or a more established practice looking to levelize your cash flow, our services can help you facilitate those needs. In addition, we help you:

- **Cover daily operating costs**
- **Upgrade equipment & systems**
- **Receive discounts from suppliers**

For many years, our firm has been working with businesses to improve their cash flow, and we welcome the opportunity to discuss how Smart Finance Options, Inc. can be a financing solution to help you, or your colleagues, strengthen your organization. Don't hesitate to call or email us with your questions. We look forward to earning your business.

Respectfully,

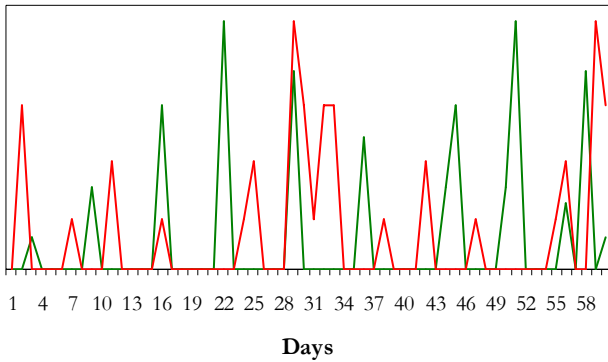
Charles Freeland

Charles Freeland, CEO
Smart Finance Options, Inc.

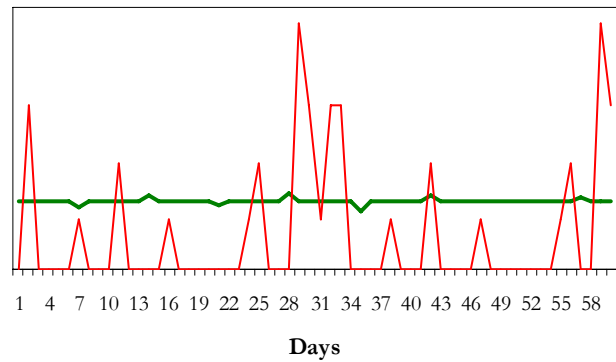


Why Factoring is Beneficial to Your Practice

If your practice has cyclical cash flow due to erratic payment from 3rd Party payers, you can take advantage of the Medical Factoring Program and have constant cash at your disposal.



— Collections — Expenses



— Collections w/Factoring — Expenses

In the example below, the current cash flow shows a practice with no immediate funds available - they can't take advantage of growth opportunities. The practice that is factoring has immediate funds available and can maximize their growth potential through their increased access to cash.

	Insurance/3 rd Party Patient Billings	Avg. Collection %	Net Collectible Revenue	Immediate Funds Available
Current Cash Flow	\$1,000,000	70.0%	\$700,000	\$ 0
With Factoring	\$1,000,000	70.0%	\$700,000	\$560,000

The benefits of our factoring program include, but are not limited to, you achieving:

- Greater control of your practice
- Coverage of working capital demands
- No contract term or minimum fees
- Additional capital with no new debt
- Levelized cash flow
- No set-up or origination fees



We Enable Healthcare Providers & Managers To:

- **Levelize cash flow & avoid unexpected shortfalls**
- **Gain greater control of your business**
- **Upgrade & purchase new equipment & systems**
- **Bring on additional partners**
- **Cover working capital demands**
- **Expedite large transactions**
- **Take advantage of growth opportunities**
- **Receive discounts when paying suppliers**
- **Obtain financing without additional debt**

ACCOUNTS RECEIVABLE FINANCING PRELIMINARY APPLICATION

SMART FINANCE OPTIONS, INC.

201 W. Stassney - #104-B - Austin, TX 78745

Telephone: 512-807-8159 - Facsimile: 888-547-7993

Provider's Name: _____

Type of Practice / Business: _____

A/R Breakdown: **Insurance:** _____ % **HMO/PPO:** _____ %

Medicare: _____ % **Workers Comp:** _____ %

Medicaid: _____ % **Self Pay:** _____ %

Other (Specify): _____ %

Average Invoice Size: \$ _____

(Invoice size is defined as the total dollar amount billed for a patient on a single HCFA Form or during an electronic transmission at one time)

Average Time to Collect (in days): _____

Average Monthly Billing Volume:\$ _____

Average Monthly Collections:\$ _____

Average Monthly Operating Expenses:\$ _____

Reason for Attaining Working Capital / Use of Proceeds:

Required Payoffs:

1. _____

Party

Amount

Lien Filed (yes/no)



Legal Name of Entity: _____

Address of Central Office: _____

Name of Contact Person: _____ Title: _____

Telephone: _____ Facsimile: _____

Address of all locations and other names used, if applicable: _____

Tax ID #'s: _____

Details of Business and Ownership Structure: _____

FINANCIAL AND OPERATIONAL DATA:

1. The latest two years of financial statements (audited, if available), most recent interim financial statement, and the latest two years of corporate tax returns.

2. An overview of the company and a description of its management team.

3. Desired amount of financing and proposed use of proceeds: _____

4. Outstanding debt and the asset(s) it is encumbering, if any: _____

5. A current Aged Trial Balance of your Accounts Receivable in 30-day increments broken out by payor type (i.e. Medicaid, Medicare, Commercial Insurance, etc.), in the form as follows:

Payor Class	Days Outstanding						
	0-30	31-60	61-90	91-120	121-150	151-180	180+
Medicare							
Medicaid							
Blue Cross/Shield							
Commercial Ins.							
HMO/PPO							
Self-Pay							
Workers Comp.							
Other (Specify)							

Once completed, please email to info@smartfinanceoptions.com

Or fax to: (888) 547-7993

Originating Agent: _____

For Internal Use Only

Your impression of the principals to date: (circle one)

Excellent

Good

Fair

Poor

No Impression

Submitted By: _____ **Date:** _____

Reviewed By: _____ **Date:** _____

