

Dental Claims Cleanup, LLC has partnered with BHG to further meet the needs of dental professionals. BHG offers fast, hassle-free loans in as few as 3 days, exclusive to the healthcare community.



COMMERCIAL WORKING CAPITAL

Whether you are looking to collect outstanding receivables, consolidate commercial debt, grow your practice or simply want to improve cash flow, BHG's flexible use of funds allows you to use your money when and where you need it most.

PROGRAM FEATURES:

- ✓ Amounts from \$25,000 to \$250,000*
- ✓ 24-hour approval and funding in as few as 72 hours*
- ✓ Competitive rates available
- ✓ Flexible terms available
- ✓ No personal collateral required
- ✓ Loan won't appear on personal credit report
- ✓ Don't need to own a practice
- ✓ Programs for various credit profiles*

USE FUNDS FOR:

- ✓ Retain DCC's services
- ✓ Commercial debt consolidation
- ✓ Increase cash flow
- ✓ Expansion and improvement
- ✓ Purchase equipment
- ✓ Market your services
- ✓ Practice acquisition
- ✓ The choice is yours!

HOW TO START AN APPLICATION:

1



Email the completed FastTrack form to

contact@dentalclaimscleanup.com

2



Start online

www.bhg-inc.com/dccar

*Subject to credit approval upon completion of application. Loan sizes and interest rates vary and are determined by the applicant's credit profile. Call for complete program details.



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|--|--|-------------------------------|
| Medical Professional Legal Name: | Medical License #: | |
| Practice Address: | Date First Licensed: | |
| City: State: Zip Code: | Requested Funding Amount: \$ | |
| Home Address: | Proposed Use of Funds: | |
| City: State: Zip Code: | | |
| Legal Name of Business/Practice: | Personal Social Security #: | Date of Birth: / / |
| Time in Business: | Annual Gross Sales (Practice): \$ | Annual Personal Income: \$ |
| Work Phone: () | Home Phone: () | Federal Tax ID #: |
| Work Fax: () | Cellular: () | Personal Net Worth: \$ |
| Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership LLC Other: | Does your practice accept Visa or Mastercard? If yes, what is the monthly amount? \$ | |
| Medical Specialty: | Email Address: | |

I/we hereby authorize the release of all credit information, including loans, leases, checking, savings, trade references and personal credit history, pertaining to the company, its principals, and the people listed below to Bankers Healthcare Group and its designees or assignees. Such authorization shall extend to subsequent updates for credit and collection purposes.

Notice Regarding Pre-Approved / Pre-Screened Offer / Fair Credit Reporting: This offer is based on a security agreement structure. The loan may not be extended if, after you respond, we find that you do not meet the criteria used in selecting you for this offer or any applicable criteria bearing on creditworthiness. If credit is extended, the exact account type and credit line may be based on a review and verification of income and current credit report. You have the right to prohibit use of information in your file with any credit reporting agency in connection with any transaction that you do not initiate. To assert this right with respect to your file, you may write to: Trans Union, Name Removal Option, P.O. Box 97328, Jackson, MS 39288-7328; Equifax Options, P.O. Box 740123, Atlanta, GA 30374-0123; or Experian, Consumer "OPT-OUT", 901 West Bond, Lincoln, NE 68521; or you may notify all agencies by calling 1-888-567-8688.

Withdrawal and Details of the Offer: Pre-approval is not an official guarantee of approval. This offer is based on a security agreement. BHG may withdraw this offer entirely if the current information we receive from a credit bureau regarding the information in your application indicating that you do not meet the criteria established for this offer. BHG may also withdraw this offer if you move outside BHG's marketing area. In addition, BHG may withdraw this offer if the following conditions are not met: You do not have sufficient income to repay the new obligation in addition to current debts. BHG may request additional information but not limited to financials. BHG reserves the right to modify this offer structure in its entirety.

X _____
Business Principal No. 1 Signature Title Date

X _____
Business Principal No. 2 Signature Title Date

EXPERIENCE THE BHG DIFFERENCE

Speed, service and efficiency

BHG's hassle-free financing experience allows you to skip the long wait times and stacks of paperwork required by traditional lenders.

Flexible solutions to meet your needs

Our financing solutions are designed to meet the complex needs of today's healthcare professionals. Whether you're looking to consolidate commercial debt, purchase equipment or increase cash flow, the choice is yours!

No cost or commitment

Applying will not impact your credit score, so you can explore your financing options with no obligation.

Don't take our word for it

BHG has been honored by Inc. magazine ten times for growth and job creation. We are proud to maintain an A+ rating with the BBB and excellent customer ratings on TrustLink.org and Trustpilot.com.

4 EASY WAYS TO GET STARTED

1. Fill out and fax this form to
2. Call me direct at
3. Complete the form online at
4. Email me at