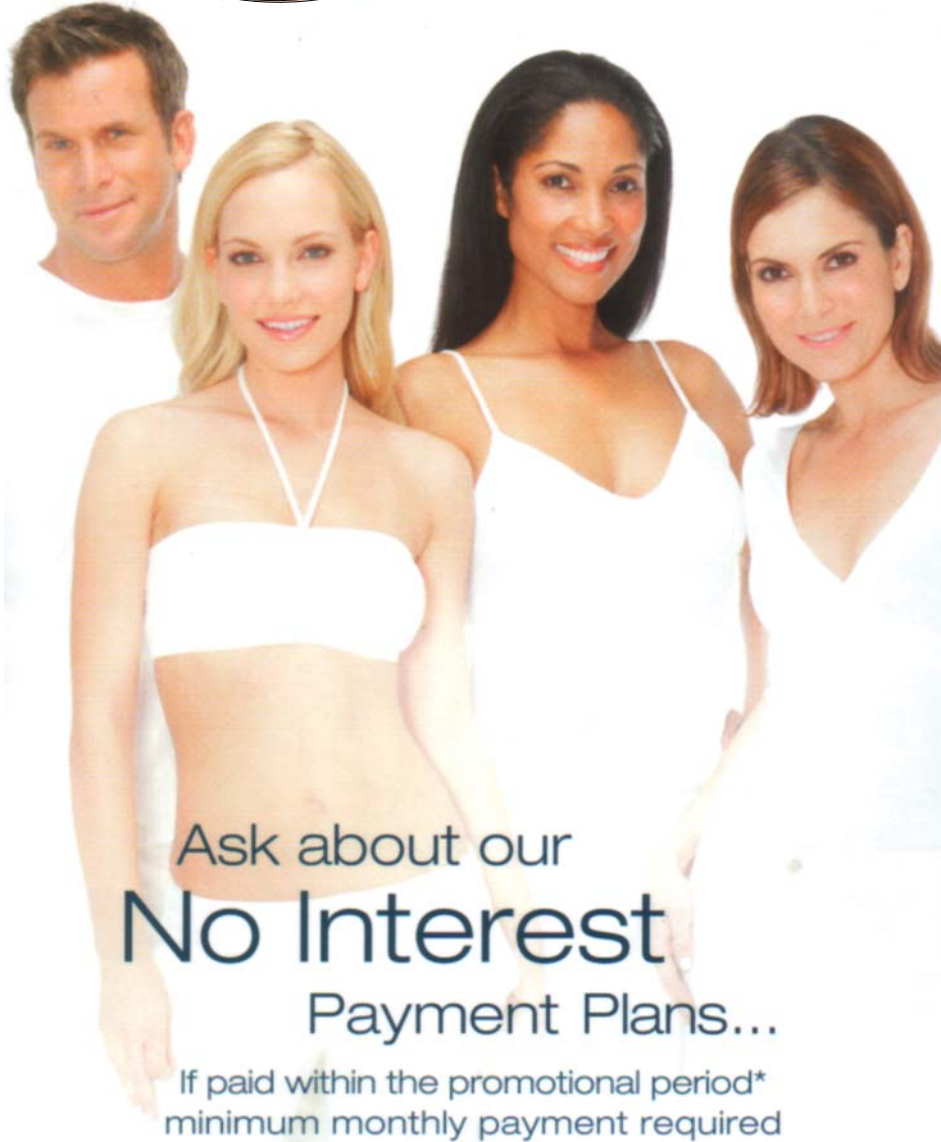


S *R* *Semone Rochlin D.O.*
602.653.0540



Ask about our
No Interest
Payment Plans...

If paid within the promotional period*
minimum monthly payment required

No Interest if Paid Within 3, 6, or 12 Months*
Minimum monthly payments required.

*Valid on purchases made on a CareCredit account. A \$300 Minimum Purchase amount is required for plans longer than 3 months. On promo purchase, monthly payments required, but no finance charges will be assessed if (1) promo purchase paid in full in 3, 6, or 12 months, (2) any minimum monthly payments on account paid when due, and (3) account balance does not exceed credit limit. Otherwise, promo may be terminated & finance charges assessed from purchase date. On promotions requiring a minimum payment, payments over the minimum will usually be applied to those promo balances before non-promo and other balances. If you have a non-promo balance, this may reduce the benefit from the promo. If you want to change this allocation, please call 866-893-7864. Standard terms apply to non-promo purchases, optional charges & existing accounts. As of 12/18/07, variable APRs: 21.98% & on all accounts in default, 27.99%. Minimum Finance Charges \$1.50. Subject to approval by GE Money Bank. All plans are not available in all offices.

CareCredit®



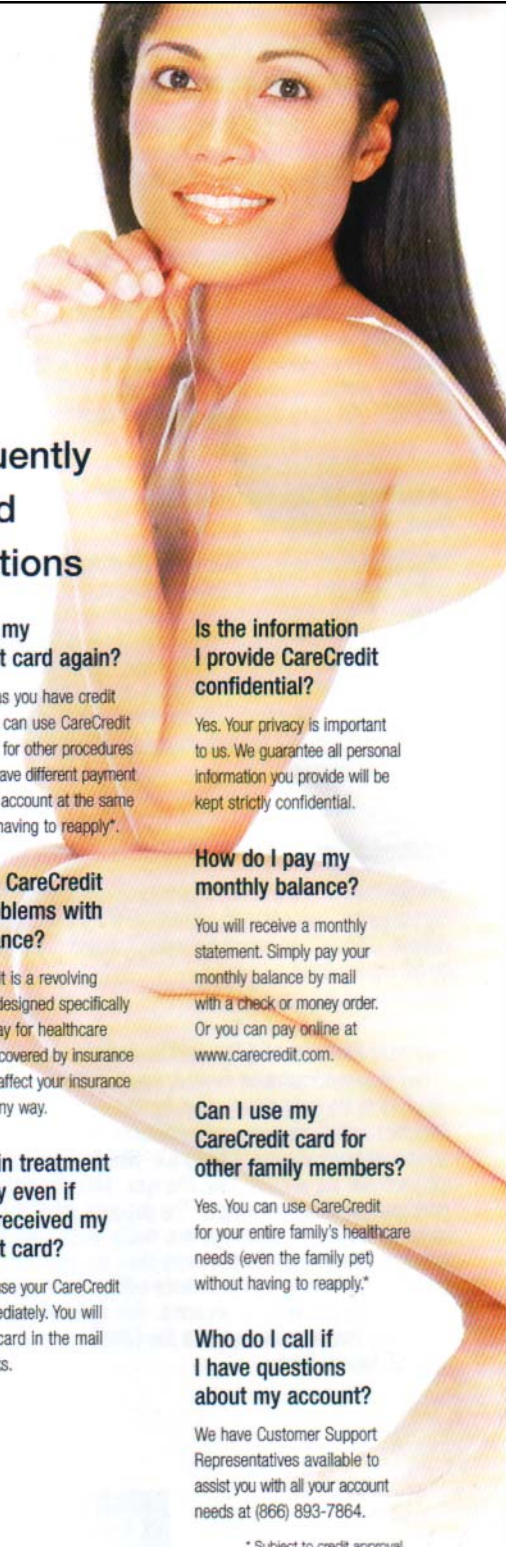
... So **You** Can Get
the Cosmetic Procedure
You Want — Today!

We offer CareCredit® to make it easier for our patients to get the cosmetic enhancements they want — when they want them. For procedure fees from \$1 to \$25,000, upon request and approval, CareCredit, the leader in patient financing, has a payment plan for every body. Depending upon your procedure, you can conveniently pay over time with a No Interest or Low Interest Payment Plan that fits comfortably into your lifestyle and budget†.

With CareCredit You Can:

- Get the cosmetic or reconstructive procedures you want, when you want them
- Pay over time with low minimum monthly payments
- Have a financial resource for additional procedures, without having to reapply†
- Pay no annual fees

For more information please visit www.carecredit.com



**Frequently
Asked
Questions**

**Can I use my
CareCredit card again?**

Yes. As long as you have credit available, you can use CareCredit multiple times for other procedures and you can have different payment plans on your account at the same time without having to reapply*.

**Is the information
I provide CareCredit
confidential?**

Yes. Your privacy is important to us. We guarantee all personal information you provide will be kept strictly confidential.

**Will using CareCredit
cause problems with
my insurance?**

No. CareCredit is a revolving line of credit designed specifically to help you pay for healthcare expenses not covered by insurance and does not affect your insurance coverage in any way.

**How do I pay my
monthly balance?**

You will receive a monthly statement. Simply pay your monthly balance by mail with a check or money order. Or you can pay online at www.carecredit.com.

**Can I begin treatment
right away even if
I haven't received my
CareCredit card?**

Yes. You can use your CareCredit account immediately. You will receive your card in the mail within 3 weeks.

**Can I use my
CareCredit card for
other family members?**

Yes. You can use CareCredit for your entire family's healthcare needs (even the family pet) without having to reapply.*

**Who do I call if
I have questions
about my account?**

We have Customer Support Representatives available to assist you with all your account needs at (866) 893-7864.

* Subject to credit approval.



602.653.0540

Applying for CareCredit is Quick and Easy

By Phone	Online
<ul style="list-style-type: none"> ■ Applicant calls (800) 365-8295 ■ Applicant follows the prompts ■ Credit decision given immediately ■ Schedule treatment 	<ul style="list-style-type: none"> ■ Direct applicant to www.carecredit.com ■ Applicant applies online ■ Credit decision given immediately ■ Bank notifies office

CareCredit® Estimated Monthly Payments

Treatment Fee	No Interest Payment Plans If paid within promotional period* [^] <i>(Estimated monthly payment to avoid interest*)</i> <small>minimum monthly payment required</small>				11.90% Extended Payment Plans <i>(Estimated monthly payments include interest**)</i>				
	Minimum Monthly Payment <small>(3% of balance or \$15)</small>	3 Month <small>For all fees</small>	6 Month** <small>For fees from \$300 and up</small>	12 Month** <small>For fees from \$300 and up</small>	18 Month** <small>For fees from \$300 and up</small>	24 Month <small>For fees from \$1,000 and up</small>	36 Month <small>For fees from \$1,000 and up</small>	48 Month <small>For fees from \$1,000 and up</small>	60 Month <small>For fees from \$1,000 and up</small>
\$1-\$299	\$15	\$15-\$99	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$300	\$15	\$100	\$50	\$25	\$17	N/A	N/A	N/A	N/A
\$500	\$15	\$167	\$83	\$42	\$28	N/A	N/A	N/A	N/A
\$600	\$18	\$200	\$100	\$50	\$33	N/A	N/A	N/A	N/A
\$700	\$21	\$233	\$117	\$58	\$39	N/A	N/A	N/A	N/A
\$800	\$24	\$267	\$133	\$67	\$44	N/A	N/A	N/A	N/A
\$900	\$27	\$300	\$150	\$75	\$50	N/A	N/A	N/A	N/A
\$1,000	\$30	\$333	\$167	\$83	\$56	\$47	\$33	\$26	\$22
\$1,200	\$36	\$400	\$200	\$100	\$67	\$56	\$40	\$32	\$27
\$1,400	\$42	\$467	\$233	\$117	\$78	\$66	\$46	\$37	\$31
\$1,500	\$45	\$500	\$250	\$125	\$83	\$71	\$50	\$39	\$33
\$2,000	\$60	\$667	\$333	\$167	\$111	\$94	\$66	\$53	\$44
\$2,500	\$75	\$833	\$417	\$208	\$139	\$118	\$83	\$66	\$55
\$3,000	\$90	\$1,000	\$500	\$250	\$167	\$141	\$99	\$79	\$67
\$3,500	\$105	\$1,167	\$583	\$292	\$194	\$165	\$116	\$92	\$78
\$4,000	\$120	\$1,333	\$667	\$333	\$222	\$188	\$133	\$105	\$89
\$4,500	\$135	\$1,500	\$750	\$375	\$250	\$212	\$149	\$118	\$100
\$5,000	\$150	\$1,667	\$833	\$417	\$278	\$235	\$166	\$131	\$111
\$7,500	\$225	\$2,500	\$1,250	\$625	\$417	\$353	\$249	\$197	\$166
\$10,000	\$300	\$3,333	\$1,667	\$833	\$556	\$470	\$332	\$263	\$222
\$15,000	\$450	\$5,000	\$2,500	\$1,250	\$833	\$705	\$497	\$394	\$333
\$20,000	\$600	\$6,667	\$3,333	\$1,667	\$1,111	\$941	\$663	\$526	\$444
\$25,000	\$750	\$8,333	\$4,167	\$2,083	\$1,389	\$1,176	\$829	\$657	\$555
Over \$25,000	For amounts not on this chart or for amounts over \$25,000, please use the payment calculator at www.carecredit.com								

* Otherwise, interest assessed from purchase date. See the reception brochure for full disclosure information.

** Based on 11.90% APR. Subject to change. Please see reception brochure.

** 6, 12, and 18 months not available in all offices.

[^] Under the No Interest Plans, each month you are required to pay the required minimum monthly payment in the column to the left and to avoid interest, the promotional purchase must be paid in full within the promotional period. The amounts in these columns are the amount to be paid if you choose to make equal monthly payments and take advantage of the promotion.

* Minimum monthly payment may increase when APR exceeds 24.00%.

CareCredit[®]

With CareCredit . . .

- ✓ Start care immediately
- ✓ Pay over time with low monthly payments
- ✓ For yourself and your family
- ✓ Two Types of Promotional Plans Available:
 - No Interest if Paid within Promotional Period (minimum monthly payment required)* Payment Plan (ask for more details)
 - or
 - Low Interest Extended Pay Plan (for more time to pay)
(See Initial Disclosure Statement for more details)

*If you are approved as a CareCredit cardholder, you will pay no Finance Charges on the balance for promotional healthcare purchases if you pay at least the minimum monthly payment due on the promotional balance (and any other balance not exempt from monthly payments) each month when due and you pay the entire promotional amount by the promotional due date. If you do not make these payments when due, Finance Charges will be assessed on the promotional amount from the transaction date. As of March 1, 2008, the variable APR for purchases and cash advances is 21.98% and the variable delinquency APR is 26.99%. There is a \$1.50 Minimum Finance Charge. Not available in all offices. Please ask for availability. Subject to credit approval by GE Money Bank.

Step 1 Please follow these guidelines when completing your application:

- ✓ Please have available, two forms of ID that can be verified: one primary ID and one secondary ID or two primary IDs. If using a co-applicant, the co-applicant must be present and also provide two forms of ID. Acceptable primary ID are State issued driver's license (preferred), government issued ID, Non Driver State issued ID, Passport, Military ID or Government issued Green/Resident Alien card. Acceptable secondary ID are Visa, MasterCard, American Express, Discover, department store or an oil company credit card with an expiration date.
- ✓ Please include all forms of income from all full and part-time jobs, bonuses, commissions, and investments. You need only include child support, alimony, or separate maintenance income if you wish this income to be considered in your application.
- ✓ Please note that you must reside in the United States and be 18 years or older to apply.

Step 2 Please complete the rest of the application on the reverse side →



For Providers: (800) 859-9975
For Patients/Clients: (800) 365-8295

A credit service of GE Money Bank

APPLICATION AND INITIAL CARDHOLDER DISCLOSURE

Submit by INTERNET: **CARECREDIT.COM**

TOP SECTION FOR OFFICE USE ONLY

ESTIMATED FEE \$		Office Merchant #			Pre-Approval Offer <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Date _____	
Photo ID verified (initial):	Applicant 1st ID Type / Number # _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	Issuance State	Exp. Date	Applicant 2nd ID Type / Issuer	Exp. Date	
Provided by GE Money Bank:	Account #	Authorization # or Key #			Approved Credit Limit	

1. APPLICANT INFORMATION: Please tell us about yourself.

For WI residents, if you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form.

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No. - .	Home Phone No. ()	
Mailing Address*	Apt.#	City	State	Zip	Cell / Other Phone Where We May Call You ()
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name		Street Address (Street Name and Number)		<input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person?	City State Zip
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ()	Monthly Net Income From All Sources \$ _____	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Employer's Phone No. () -	
E-Mail Address (optional)		By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC.			

2. CO-APPLICANT INFORMATION

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No. - .	Home Phone No. ()	
Mailing Address*	Apt.#	City	State	Zip	Cell / Other Phone Where We May Call You ()
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name		Street Address (Street Name and Number)		<input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person?	City State Zip
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ()	Monthly Net Income From All Sources \$ _____	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Employer's Phone No. () -	
Co-Applicant ID Type / Number # _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	Issuance State	Exp. Date	Co-Applicant 2nd ID Type / Issuer	Exp. Date	
E-Mail Address (optional)		By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC.			

3. APPLICANT and CO-APPLICANT: We need your signature(s) below

I am providing the information in this application to GE Money Bank ("GEMB"), to CareCredit LLC, to participating professionals ("Participating Professionals") that accept the CareCredit Credit Card ("Card") and to program sponsors, and asking GEMB to issue me a Card. By applying for this account, I authorize and agree that:

- GEMB may furnish this and other information about me (even if my application is denied) and my account to CareCredit LLC and to Participating Professionals and program sponsors (and their respective affiliates) to create and update their records, and to provide me with service and special offers.
- GEMB may make inquiries it considers necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and for purposes of reviewing, maintaining or collecting my account.
- If my application is approved, the CareCredit Card Agreement ("Agreement") will be sent to me and will govern my account.
- Among other things, the Agreement: (1) **INCLUDES AN ARBITRATION PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS**; and (2) makes each applicant responsible for paying the entire amount of credit extended; and (3) grants GEMB a security interest in the goods purchased on the account as permitted by law.
- GEMB may contact me about my account as described in the Agreement, including using any contact information I provide.
- This application and the Agreement are governed by federal law and Utah law (to the extent that state law applies).

Federal law requires us to obtain, verify and record information that identifies you when you open an account. We will use your name, address, date of birth, and other information for this purpose.

If I have been pre-approved, I request that you open the type of account for which I was pre-approved. I have read the Prescreen Disclosure and Key Credit Terms on the next page and have been provided my credit line applicable to the account. **We reserve the right to refuse to open an account in your name if we determine that you no longer meet our credit criteria.**

Signature of Applicant X	Signature of Co-Applicant (If Applicable) X
(Please Do Not Print)	(Please Do Not Print)
Date	Date

182-077-00
Revision Date: 3/01/08
DATE OF PRINTING 3/08

PLEASE READ AND KEEP THE GE MONEY BANK KEY CREDIT TERMS AND INITIAL CARDHOLDER DISCLOSURE STATEMENT BEFORE SIGNING THIS APPLICATION.