

Program Benefits

Set aside your cash and consumer credit cards for household or unplanned emergency expenses. Get your desired treatment now and pay conveniently over time with affordable monthly payments. Our highly trained consultants are dedicated to assist you through your loan process.

SurgeryLoans.com provides an extensive range of loan options, including:

- Loans from \$1,000 to \$25,000
- Fixed loan terms up to 84 months
- Low fixed interest rates from 5.9%
- Deferred payment plans 3-6-12 months
- No interest plans 3-6-12 months
- No pre-payment penalty
- Multiple loan plans to choose from
- Sub-prime loans for less than perfect credit

SurgeryLoans.com provides not just the lowest, but the broadest range of interest rates allowing all patients the highest chance for loan approval.

Affordable Financing for:

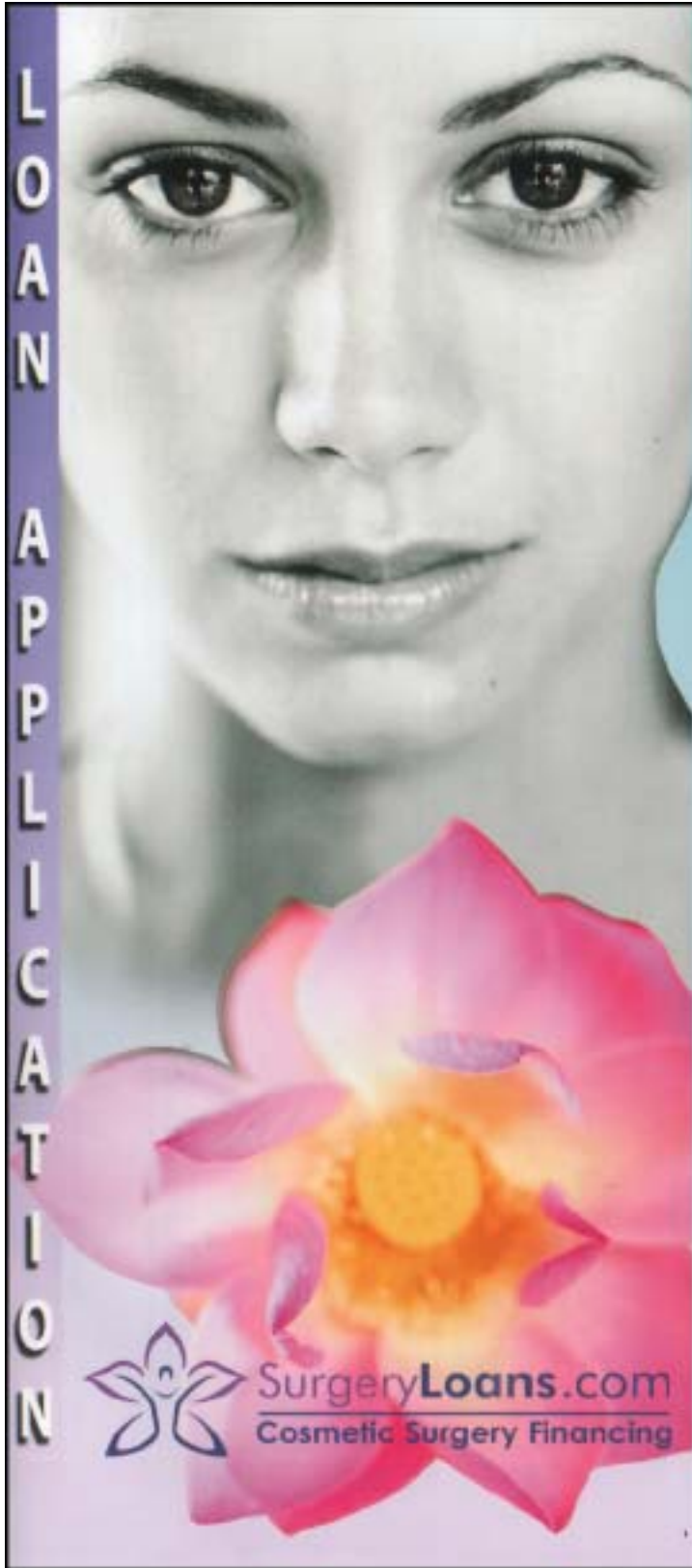
- Cosmetic Surgery
- Orthodontics
- Lasik Surgery
- Tattoo Removal
- Dermatology
- Gastric Bypass
- Hair Restoration
- Cosmetic Dentistry
- Periodontics
- Fertility Procedures
- Physical Therapy
- Maternity
- Lap Band
- (Others)

Get pre-approved now! No cost or obligation to apply!



SurgeryLoans.com
Cosmetic Surgery Financing

199 Technology Drive, Suite 100
Irvine, CA 92618



Application Instructions

Loan Application

Complete the four sections of the Loan Application:

- Physician Section
- Patient Section
- Co-Applicant Section (if applicable)
- Applicant/Co-Applicant Signature

Application processing time generally is 15 minutes. Processing time varies depending on the number of lending partners reviewing your application to ensure the best chance for loan approval.

STEP 1

Loan Status

To check the status of your Loan Application:

- Contact a loan representative at 1-888-502-8020
- Log on to our website: www.SurgeryLoans.com
- Check for e-mail notification

If your loan is approved, complete Step 3.

If your loan is not initially approved, the following options are available:

- Re-apply with a Co-Signer that has established credit with no delinquencies. Preferably the Co-Signer should be a family member, however we also allow for non-relatives to co-sign (O.A.C.)

STEP 2

Loan Documentation

Following your loan approval notification, please promptly call your loan representative and provide the information below:

- A scheduled procedure date
- Procedure amount
- Physician name (if you have not chosen a physician, our representatives can provide you with a highly recommended physician)

It is crucial to have your completed loan documentation returned 72 hrs. prior to your procedure date. Physicians generally require payment in advance and any delay may postpone your procedure.

Loan approvals are valid for a limited time only.

STEP 3



SurgeryLoans.com
Cosmetic Surgery Financing



SurgeryLoans.com
Cosmetic Surgery Financing

Phone: 
1-888-502-8020

Fax: 
1-888-502-8030

On-line: 
www.SurgeryLoans.com

PLEASE PRINT CLEARLY

Loan Application

P H Y S I C I A N

Physician or Practice Name / Phone / Fax Semone B. Rochlin, D.O. 14220 N. Northsight Blvd. Suite 140 Scottsdale, AZ 85260 Ph: 602.653.0540 / Fx: 602.926.8029	Amount Requested \$	Deposit (if any) \$	Tentative Procedure Date / /
	Type of Procedure (s)		
	Office Contact Name Kristina 602.653.0540		

P A T I E N T

First Name	MI	Last Name	
Maiden Name (if applicable)		Date of Birth / /	Social Security No.
Home Phone ()	Work Phone ()	Work Ext	Cell/Pager Phone ()
Current Address	City	State	Zip Time at Residence Yrs Mos
Monthly Rent/Mortgage \$ <input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other	Marital Status <input type="radio"/> Married (please include spouse on application) <input type="radio"/> Single (including divorced and widowed)	E-Mail Address	
Employer/Company Name		Occupation	
Employer Address	City	State	Zip Time at Job Yrs Mos
Verifiable Gross Salary \$ <input type="radio"/> Mo <input type="radio"/> Yr	Verifiable Additional Income(s)* \$ <input type="radio"/> Mo <input type="radio"/> Yr	Spouse <input type="radio"/> Mo <input type="radio"/> Yr	Child Support \$ <input type="radio"/> Mo <input type="radio"/> Yr
		Other Job \$ <input type="radio"/> Mo <input type="radio"/> Yr	Retirement/Pension \$ <input type="radio"/> Mo <input type="radio"/> Yr

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis for repayment.

C O - A P P L I C A N T

First Name	MI	Last Name	
Relationship to Patient		Date of Birth / /	Social Security No.
Home Phone ()	Work Phone ()	Work Ext	Cell/Pager Phone ()
Current Address	City	State	Zip Time at Residence Yrs Mos
Monthly Rent/Mortgage \$ <input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other	Marital Status <input type="radio"/> Married (please include spouse on application) <input type="radio"/> Single (including divorced and widowed)	E-Mail Address	
Employer/Company Name		Occupation	
Employer Address	City	State	Zip Time at Job Yrs Mos
Verifiable Gross Salary \$ <input type="radio"/> Mo <input type="radio"/> Yr	Verifiable Additional Income(s)* \$ <input type="radio"/> Mo <input type="radio"/> Yr	Spouse <input type="radio"/> Mo <input type="radio"/> Yr	Child Support \$ <input type="radio"/> Mo <input type="radio"/> Yr
		Other Job \$ <input type="radio"/> Mo <input type="radio"/> Yr	Retirement/Pension \$ <input type="radio"/> Mo <input type="radio"/> Yr

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Authorization to release Credit Information and Credit Policies

I, the applicant hereby acknowledge and recognize that the receiver of this application has received the application in its offices in the state of California and this application's acceptance or denial is under California statutes and provisions. By submitting this application I have verified that all information submitted on this application is true and correct to the best of my knowledge, as well as allowing SurgeryLoans.com and/or its Lender(s) to verify the enclosed information, including, but not limited to, obtaining my credit report, contacting my employer to verify employment and income, and/or contacting my Physician to verify the type of procedure(s), procedure date, deposit amount, procedure amount and resit payment upon approval. I understand and agree that the Lender(s) (as defined in the Preliminary Note or communicated to me) can furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. Furthermore, I am signing that a Physician staff member may apply on my behalf. I have read this disclaimer and agree to all terms set forth.

Applicant Signature	Date	Co-Applicant Signature	Date
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