

# The GreenSky Patient Solutions™ Program

How to Apply Online Effective January 2018 V.5





# Online Application Screen 1 www.greensky.com/provider/providername

#### **Our Products**

The Program offers flexible payment plans to fit any budget. You can use the tool below to estimate the potential payments for each plan offered by your medical provider. Then, click to apply!

Estimated Total Purchases\* \$5,500 Estimate

\*Pick an amount that equals the total purchases you plan to make. If approved, you may make purchases during the purchase window up to the credit limit that we set for your account. Purchase windows vary by plan. The Payment Estimator assumes that you will spend your full credit limit immediately following approval. Changing the amount or timing of purchases will change the actual payments required.

This number will default to your average ticket size



#### - Patient Views Available Plans

Estimated Total Purchases\* \$5,500 Estimate

\*Pick an amount that equals the total purchases you plan to make. If approved, you may make purchases during the purchase window up to the credit limit that we set for your account. Purchase windows vary by plan. The Payment Estimator assumes that you will spend your full credit limit immediately following approval. Changing the amount or timing of purchases will change the actual payments required.

FIXED APR OF 14.9% FOR 24 MONTHS!
FIXED APR OF 14.9% FOR 36 MONTHS!
FIXED APR OF 14.9% FOR 48 MONTHS!
FIXED APR OF 14.9% FOR 60 MONTHS!
NO INTEREST IF PAID IN FULL IN 6 MONTHS!
NO INTEREST IF PAID IN FULL IN 18 MONTHS!
NO INTEREST IF PAID IN FULL IN 24 MONTHS! 10

The estimator will display only those plans you want to offer based on price point. As an example, if your practice choose to offer 12 months
Differed Interest only if the ticket is \$5,000+ the payment estimator will only display that plan if the Estimated Total Purchases\* entered is \$5,000 or more.



#### - Patient Expands Plans to View Payment and Apply

#### NO INTEREST IF PAID IN FULL IN 6 MONTHS!

For your loan of \$5,500 with Plan 80647:

	Monthly Payment Amount	Number of Payments
Recommended Payment to Avoid Paying Interest	\$916.67	6
Scheduled Minimum Payment During Promotional Period <sup>6</sup>	\$123.70	6
Scheduled Payments After Promotional Period <sup>6</sup>	\$176.94	54

<sup>6</sup>Subject to credit approval. Minimum monthly payments required. Interest is charged during the promotional period, but will be waived if the purchase balance is paid in full before the end of the promotional period. Making minimum monthly payments will not pay off the entire purchase balance before the end of the promotional period.

**Recommended Payment** amount estimates the equal monthly payments you will need to make (above the minimum required payment) to pay the total purchase balance in full before the end of the promotional period. The **Scheduled Payment After Promotional Period** amount assumes that the total purchase balance is not paid in full within the promotional period and that interest charges accrued during the promotional period are not waived.

<sup>7</sup>Plan 8064. No Interest if Paid in Full Within 6 Months. 60 payments. Beginning with 1st transaction, 6 month promo period with initial payments followed by 54 amortized payments based on balance at the end of promo period. Interest charged to account is waived if entire purchase balance is paid before end of promo period. Making initial minimum required payments will not pay off loan. No prepayment penalty. 26.99% APR fixed for life of loan.

Apply Now

Patients can expand each plan to see a detailed payment estimations based on the Estimated Total Purchases\* entered. Multiple plans can be expanded at the same time so the patient can choose the payment that best fits their needs. When ready to apply for a plan, the patient clicks 'Apply Now' in the box of the plan they prefer.



### - Patient Starts Application

GreenSky"		Apply	Review 2	Offer 3	Agreement 4
Loan Information					
NOTE: Fields marked with * are required.					
Welcome to the GreenSky® Program application. We encourage you	read the Consent to Electronic F	Records and	Communication	1.	
* Requested Loan Amount	\$5,500				
Reference Number					
GreenSky® is a program name for certain consumer loans and credit plans extended by participating federally insured, federal and state chartered financial institutions providing credit without regard to age  LLC and its wholly-owned subsi		d/or services from illial status. Green		ts/providers. Parti	



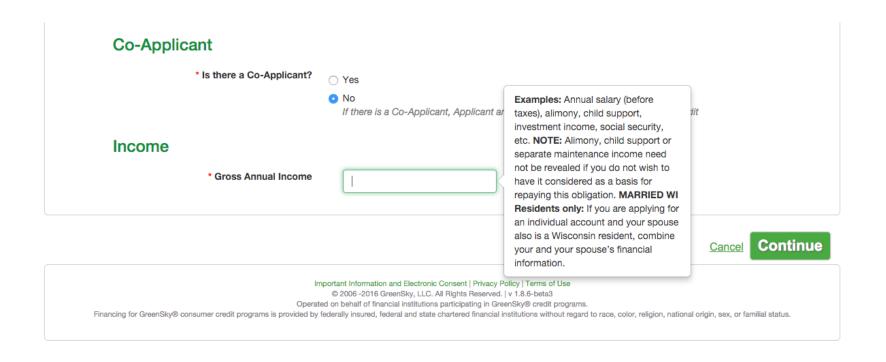
### - Patient Enters Demographic Info

			0	2	Offer 3	Agreement 4
Applicant Information			_			
NOTE: Fields marked with * are required.						
Only U.S. Residents 18 years and older (19 years or o	lder in Alabama and Nebraska)	may apply.				
Applicant						
Name	* First	MI	* Last			
Address	* Zip * City	,		* State		
	* Street Address			Alabama	<b>\$</b>	
	P.O. Box is not accepted					
	Suite/Apt #					
• Date of Birth	MM/DD/YYYY					
* Social Security Number	###-##-####					
* Phone Number	(###) ###-####	number/mo GreenSky to	g your phone bile number, o contact you pers using au	you authorize at these		
Mobile Number	(###) ###-####	technology related to G	to provide yo reenSky's pr ou are not rec	ou offers oducts and		
Work Number	(###) ###-####	condition of may revoke	your consen	plication and t at any time		
Email Address		by contactir	ng GreenSky			

This screen is continued on the next slide



#### - Patient Enters Demographic Info





- Patient Reviews and Acknowledges Account Disclosures



Apply

Review

fer

Agreement

1

Account Opening and Other Important Disclosures

By submitting this loan application you, the applicant, and co-applicant (if any) agree that you are applying for any product that any financial institution participating in the GreenSky® Program (a "Lender") may offer as part of the GreenSky® Program, regardless of any product your merchant may have specifically discussed with you.

THE FOLLOWING IS IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a new account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

In addition, the following notices, disclosures, and authorizations apply to your application.

Alimony, child support, or separate maintenance payments need not be revealed if you do not wish to have them considered.

By submitting this application for credit, you certify the following: (1) all of the statements (whether verbally or written) communicated to us, or to your merchant, are true and correct, and are made for the purposes of obtaining credit; and, (2) if more than one applicant is applying, each applicant intends to apply for joint credit and none is a co-signer (a "co-signer" is a person who agrees to be liable for the debt of another person



You, the Applicant, have read and accepted the important account opening disclosures provided to you. You agree to the Consent to Electronic Records and Communication and agree to receive electronic documents in connection with any loan obtained as a result of this application.

Must Click to Advance

Cance

**Previous** 

Continue

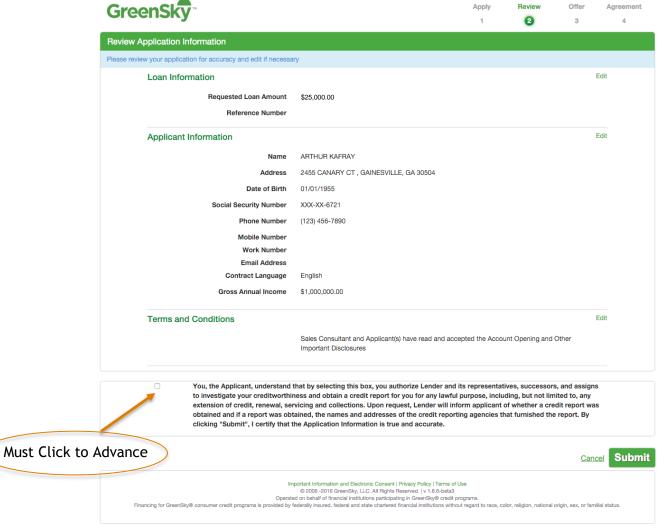
Important Information and Electronic Consent | Privacy Policy | Terms of Use © 2006 -2016 GreenSky, LLC. All Rights Reserved. | v 1.8.6-beta3

Operated on behalf of financial institutions participating in GreenSky® credit programs.

Financing for GreenSky® consumer credit programs is provided by federally insured, federal and state chartered financial institutions without regard to race, color, religion, national origin, sex, or familial status.



#### - Patient Verifies Information



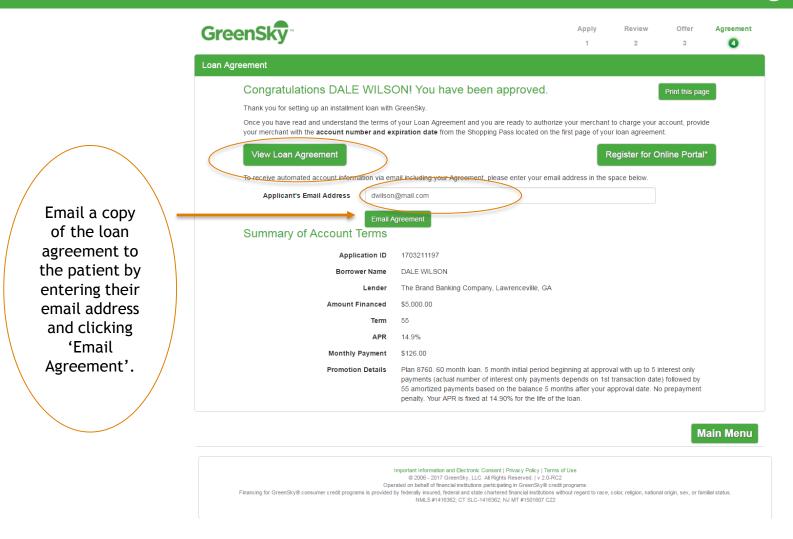


- Patient Receives Credit Decision and Accepts Offer

reenSk <del>y</del> *		Ар	ply Review	Offer	Agreement	
		1	2	3	4	
ication Status						
Approved!				Print this pag	ge	
Congratulations, your application has been Application ID. You will need this information			sing the button above	or record your		
If you wish to increase your Credit Limit, p	lease contact GreenSky at 866-936	6-0602.				
Applicatio	n ID 1703211197					
Appli	cant DALE WILSON					
A summary of your offer you must click 'Accept Of		activate your account	and make a	purchase	,	
Loan Amount	Term	APR	Monthly	Payment		
\$5,000.00	55 months	14.9%	\$120	5.00		
Recalculate Offer If you do not require the full loan amount i						
	ow with a new desired amount and hat you have been approved for	click "Recalculate Offer" to generat r. Additionally, if you no longer w	e a modified offer. NC rish to be approved	TE: You can or or a loan throu		
If you do not require the full loan amount i lower, please update the loan amount bek request an amount that is lower than w Green Sky, you may click the "Cancel" i	ow with a new desired amount and hat you have been approved for	click "Recalculate Offer" to generat r. Additionally, if you no longer w	e a modified offer. NC rish to be approved	TE: You can or or a loan throu	gh	
If you do not require the full loan amount i lower, please update the loan amount bek request an amount that is lower than w Green Sky, you may click the "Cancel" i application.	ow with a new desired amount and that you have been approved for link in the bottom right corner of	click "Recalculate Offer" to generat r. Additionally, if you no longer w	e a modified offer. NC rish to be approved	TE: You can or for a loan throu to your	gh	
If you do not require the full loan amount i lower, please update the loan amount bek request an amount that is lower than w GreenSky, you may click the "Cancel" i application.  Loan Amount	ow with a new desired amount and that you have been approved for link in the bottom right corner of	click "Recalculate Offer" to generat r. Additionally, if you no longer w	e a modified offer. NC rish to be approved	TE: You can or for a loan throu to your Recalculate Off	gh	
If you do not require the full loan amount i lower, please update the loan amount bek request an amount that is lower than w GreenSky, you may click the "Cancel" i application.  Loan Amount	ow with a new desired amount and that you have been approved for link in the bottom right corner of	click "Recalculate Offer" to generat r. Additionally, if you no longer w	e a modified offer. NC rish to be approved eration will be giver	TE: You can or or a loan throut to your  Recalculate Off	er ccept Offer	Must Click to Acc Offer and Use Lo



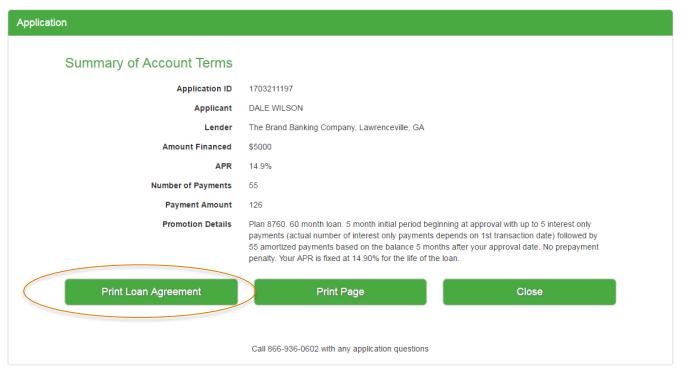
#### - Patient Emails and Views Loan Agreement





#### - Summary of Terms and View Loan Agreement





Important Information and Electronic Consent | Privacy Policy | Terms of Use 
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Operated on behalf of financial institutions participating in GreenSky® credit programs.

Financing for GreenSky® consumer credit programs is provided by federally insured, federal and state chartered financial institutions without regard to race, color, religion, national origin, sex, or familial status NMLS #1416362; CT SLC-1416362; NJ MT #1501607 C22



#### - Patient is sent Shopping Pass and can Authorize Transaction



5492693235061179

EXP 08/19 CVV 083

**PATIENT SOLUTIONS 1** 



#### Congratulations, MIKE!

Your application has been approved for \$ 10,000.00!
You can start purchasing today by presenting this page and a photo ID to your Merchant/Provider.

#### About Your Account:

- 1. When you are ready to make your purchase, give your Account Number and Expiration Date to your Merchant/Provider along with your photo ID. Please be aware that if you authorize an initial advance under your GreenSky\* Installment Loan to pay any initial payment required by the Merchant/Provider, payments may become due under your GreenSky\* Installment Loan prior to the completion of services by the Merchant/Provider.
- You have 4 months to use your credit limit of \$10,000,00. All purchases must be made by 05/25/2016.
- 3. By providing your account number to your Merchant/Provider you are authorizing payment for the goods and/or services that you are purchasing. Only provide your account number to your Merchant/Provider when you are prepared to pay. Only those named on this Shopping Pass are authorized to make purchases. Do not give this Shopping Pass to any person not named on this Shopping Pass. If this Shopping Pass is lost or stolen, please notify us immediately at 868-936-0602.
- 4. After your first purchase, you will receive monthly statements during your promotional period to track your transactions. When you use your GreenSky\* Installment Loan, you have zero liability for transactions that you do not authorize. Please monitor your statements carefully and contact us at 866-936-0602 to notify us of any unauthorized activity.
- 5. You will have no obligation under this loan unless you authorize a transaction.

Plan 8736. 36 month loan. 5 month initial period beginning at approval with up to 5 interest only payments (actual number of interest only payments depends on 1st transaction date) followed by 31 amortized payments based on the balance 5 months after your approval date. No prepayment penalty. Your APR is fixed at 14.90% for the life of the loan.

> Thank you for choosing GreenSky<sup>6</sup>! service@greenskycredit.com

www.GreenSkyCredit.com

#### 866-936-0602

Use of this Shopping Pass or the associated Installment Loan by (any) Borrower (or any authorized user) to make a purchase constitutes acceptance by (all) Borrower(s) of the terms of the accompanying Installment Loan Agreement. The physical or electronic record of "Eligible only for purchases with your Merchant/Provider. Your Lender is specified on your Loan Agreement." \*Standard MasterCard rules apply. Any unauthorized transactions must be reported to GreenSky\* within 60 days. For patients who do not include an email address on an application (phone or online) submitted in your office, print and deliver the loan agreement to the customer prior to processing a transaction. If the patient includes a valid email address on the application, printing is not required.

Once the patient receives the shopping pass they are able to transact immediately.



# Thank you!

# Questions?

**Provider Support** 

1.844.810.7713

greenskycredit.com/providerresources

**Patient Support** 

1.844.810.7713