

Billings by Class Please estimate figures for your facilities.

Payer Class	Avg. Billed Per Month	Avg. Days to Pay	0-30 Days Outstndg	31-60 Days Outstndg	61-90 Days Outstndg	91-120 Days Outstndg	121-150 Days Outstndg	151-180 Days Outstndg	180+ Days Outstndg
Medicare									
Medicaid									
Blue Cross/Shield									
Commercial Ins.									
HMO/PPO									
Self-Pay									
Worker's Comp.									
Other (Specify)									

Accounts Receivable Questionnaire

Question:	Response:
What is your average monthly billing volume?	
How much bad debt write off did the company do last year?	
What is the average number of inpatient insurance claims billed per month?	
What is the average number of outpatient insurance claims billed per month?	
What is the average dollar amount of inpatient insurance claims billed per month?	
What is the average dollar amount of outpatient insurance claims billed per month?	
Does Provider do its own payroll?	<input type="checkbox"/> Yes / <input type="checkbox"/> No (Who does? _____)
Has Provider ever had a Medicare offset?	<input type="checkbox"/> Yes (Amount \$ _____) / <input type="checkbox"/> No
Amount of previous offset(s) remaining unpaid.	
Is there a Medicare offset pending?	<input type="checkbox"/> Yes (Est. Amnt. \$ _____) / <input type="checkbox"/> No
Date of last cost reporting filing.	
How much do you wish to factor?	
How much cash is requested at initial funding?	
Why does the company desire to sell receivables?	
How long does the company desire to continue selling receivables?	
Is there any security/collateral granted that covers your accounts receivable?	
Has the company ever sold accounts receivable (factored) before?	<input type="checkbox"/> Yes / <input type="checkbox"/> No (With whom? _____)

Attach the following: (1) Copy of Articles of Incorporation & By-Laws or Copy of Partnership Agreement, (2) Copy of Fictitious Name Filing (if applicable), and (3) Accounts Receivable Aging.

The above information is complete and accurate to the best of my knowledge and is provided to CapSource Funding, LLC for the purposes of analysis/consultation and search for a funding source(s) interested in purchasing the aforementioned promissory paper. I acknowledge that further documentation may be requested in pursuit of the transaction by either CapSource Funding, LLC or directly from the funding source(s). I further acknowledge that CapSource Funding, LLC is not a buyer or credit provider, therefore, credit worthiness is determined by the funding source(s). However the information above will be provided to the funding source(s) in order for them to make such a determination.

Name: _____ Title: _____
 Signature: _____ Date: _____

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CCFC	Contact Information	Date	Initials