



Provider Direct Application

Information Regarding Your Practice		
Corporate or Legal Name (Name Used for Federal Tax Filing)		Practice EIN or SSN#
Business Name / DBA Name		Healthcare Specialty
Practice Address		
Office Phone #	Fax #	Email Address
Website		Primary Contact, or Office Manager (First and last name)
Total Number of Locations		Secondary Contact (First and last name)
Type of Ownership (Corp, Sole Proprietor, Partnership)		Medical or Business License Number

Information Regarding Your Practice Owner(s) / Officer		
Name	Title	Percentage Owned
Name (if applicable)	Title (if applicable)	Percentage Owned
<i>Please add additional owners on a separate page</i>		

Bank Account Information	
Bank Name	Name of Account Owner
Routing Number (9 digits)	Account #

Please attach a voided check or bank letter for verification

**Please carefully verify the routing and account information above. UMC is not responsible for any funding delays due to inaccuracy of information.*

UNITED MEDICAL CREDIT PROFESSIONAL APPLICATION. This United Medical Credit Professional Application ("Application") is submitted to establish a consumer credit program for the above-named person or legal entity ("Applicant"). By signing below, Applicant hereby represents, acknowledges, agrees, authorizes and confirms the following:

1. If Applicant is a legal entity, the undersigned is executing this application as an officer of the Applicant.
2. If Applicant is not a separate legal entity, the undersigned is executing this Application in his or her individual capacity.
3. Applicant has reviewed all provisions of this application and all information provided herein is true and complete.
4. The above Tax ID number is the correct taxpayer identification number for the Applicant.

<p>Please carefully read the United Medical Credit Provider Direct Terms and Conditions that are available on https://www.unitedmedicalcredit.com/providers/provider-terms/ since submission of a transaction for processing will bind your company to such terms and conditions of that agreement. The signatory hereto represents and warrants that such person is authorized to execute this Agreement on behalf of, and to bind, the Party on whose behalf he or she signs this Agreement.</p>	
Signature	Date
<i>*Authorized Signatory</i>	
Print Name	Title

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