

**SERVICES AGREEMENT**

THIS SERVICES AGREEMENT is made as of the date set forth on the signature page below, by and between Prosper Healthcare Lending LLC, a Delaware limited liability company, successor to American HealthCare Lending, LLC (“**Company**”), and the party signing below as “**Provider**.” This Services Agreement is governed by the Patient Direct Terms and Conditions (available at <http://www.prosperhealthcare.com/pd-terms-and-conditions>) which are made a part of this Services Agreement (together with this Services Agreement, this “**Agreement**”). Capitalized terms not defined in this Services Agreement shall have the meanings set forth in the Terms and Conditions.

1. **Services.** Provider hereby subscribes to Company’s financial and lending support services (“**Services**”) provided via Company’s proprietary web-based software application and other systems for collecting and processing inquiries for loans (“**Loans**”). Company shall perform the Services in good faith, in a commercially reasonable manner. The Services shall only be provided to those locations, or to those departments, groups or specialties within a location, identified below (a “**Location**”), which may be updated from time to time by the written agreement of the parties.

	<b>Location Name</b>	<b>City/State</b>	<b>Phone</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

2. **Fees.** Provider shall pay no fees for the Services. Provider shall not directly or indirectly impose or collect any fee of any kind regarding any loan inquiry or the Services.

3. **Acknowledgement.** Provider understands, acknowledges and agrees that, subject to the rules, policies and conditions of the lenders receiving a Loan inquiry, (a) such lenders will require the individual submitting such inquiry to provide income and bank account verification, sign such inquiry, and pay an origination fee upon funding of such Loan, and (b) such Loan will be funded directly to such individual via Automated Clearing House, provided that all such verification requirements have been met. As of the date of this Agreement, Company is not accepting loan inquiries from individuals residing in the following four states: Iowa, Maine, North Dakota, and Pennsylvania.

4. **Training and Website Setup.** Before Company may activate Services for any Location, Provider must place Company’s link on Provider’s website and complete Company’s standard training call for each Location. Provider shall indicate on the signature page hereto a preferred time of day for such training call and the individuals that will attend. In addition, Provider agrees that one or more individuals from each Location will be available for no less than three (3) “jump start” calls with their assigned account manager during the first 30 days after Services are activated. The jump start calls will be brief and will focus on training and the implementation of best practices Company deems necessary to help Provider succeed in offering the Services.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth below.

**PROVIDER:**

**COMPANY:**

\_\_\_\_\_  
Provider (*Legal Business Name*)

**Prosper Healthcare Lending LLC**

\_\_\_\_\_  
Provider DBA (*Doing Business As*)

380 Data Drive, Suite 100, Draper, UT 84020

\_\_\_\_\_  
Owner/Officer Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name (*Name of Person Signing*)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (*Title of Person Signing*)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

**Provider Contact Information**

Main Phone Number: \_\_\_\_\_ Main Address: \_\_\_\_\_

Main Email Address: \_\_\_\_\_ Main City/State/Zip: \_\_\_\_\_

Main Website: \_\_\_\_\_

**Training and Activation Information**

Preferred Time of Day for Training Call: (10am – 6pm Eastern Time) \_\_\_\_\_

Contact for Website Link Setup (name, phone, email): \_\_\_\_\_

**\*\*\*Website Link must be active on Provider's website before training and activation call\*\*\***

**Individuals to Receive Training:**

First Name	Last Name	Title	Phone	Email
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Provider Information**

**Legal Structure**

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Have you been in business for at least 12 months?    \_\_\_ Yes    \_\_\_ No

Organized as:    \_\_\_ Sole Proprietor    \_\_\_ LLC / PLLC    \_\_\_ Corporation / PC    \_\_\_ Partnership

**Procedures and Treatments**

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Please list the 3 most common treatments or procedures you finance and their standard price:

<b>Treatment / Procedure</b>	<b>Standard Price</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Board Certification**

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Please list all doctors on staff:

<b>Doctor's Name</b>	<b>Email Address</b>	<b>Board Certification(s)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Use and Usage**

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How many of your patients currently use third party financing on a monthly basis? \_\_\_\_\_

How many finance patients do you plan on sending to Company on a monthly basis before you send them to any other source? \_\_\_\_\_

*This Agreement shall be subject to review by Company's Risk and Compliance Department. Company reserves the right in its sole discretion to decline the enrollment of Provider for any reason.*