



## GreenSky Patient Solutions™ Program Loan Application and Agreement Acknowledgment Form

**Borrower Acknowledgement:** By signing below, I, the Borrower and Co-Borrower, if any, acknowledge the following:

1. I completed and submitted an application for a loan with the GreenSky Patient Solutions™ Program;
2. I have reviewed all disclosures provided with the loan application;
3. I received a copy of my GreenSky Patient Solutions™ Program Loan Agreement with the lender specified on the Loan Agreement and I agree to be bound by the terms and conditions of the Loan Agreement; and
4. I have read and understand the Transparency Principles for GreenSky Patient Solutions™ Borrowers below.

### Transparency Principles for GreenSky Patient Solutions™ Borrowers

- Financing for the GreenSky Patient Solutions™ Program ("Program") is provided by federally-insured, federal and state chartered financial institutions without regard to age, race, color, religion, national origin, sex or familial status.
- The Program offers unsecured installment loans and is NOT an in-house credit product.
- For deferred interest products, you will pay an APR up to 29.99% (see your loan agreement for details). The interest is billed at your interest rate from the date of purchase. **Finance charges will be waived ONLY IF the entire purchase balance is paid in full prior to the end of the promotional period.**
- The Program accounts should only be charged for those costs incurred or services actually rendered within 30 days of the charge. If services are not rendered within 30 days, you have the right to an automatic refund. Additional services may be billed as you receive them from your Provider. These requirements do not apply to orthodontic services or custom products ordered by you, unless you receive such services or products from New York-based providers.
- Your Provider agrees to respond to and fully cooperate with inquiries from the Program regarding consumer complaints within ten (10) business days of the inquiry.
- You must apply directly with the Program online (computer or mobile app) or over the telephone. If your Provider does not permit you to apply directly with the Program or requires you to complete a paper application, you will have the right to reverse the charge from your account, even if services are rendered. If you exercise this right, the Program may chargeback your Provider for the transaction.
- Neither GreenSky Patient Solutions, nor the financial institutions that fund loans through the Program, assume any responsibility or duty of care for the quality or outcome of any health care items and services you receive from your Provider.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Borrower Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Co-Borrower Name

\_\_\_\_\_  
Date

**Provider Acknowledgement and Affirmation:** By signing below, I, as the Provider Representative, acknowledge and affirm the above Transparency Principles for GreenSky Patient Solutions™ Borrowers.

\_\_\_\_\_  
Provider Representative Signature

\_\_\_\_\_  
Provider Representative Name

\_\_\_\_\_  
Date