Advertising Guidelines: Important note about advertising CareCredit in your practice. If you advertise or market the financing available through the CareCredit credit card program via any channel or discussion (such as - print, radio, television, website, signage, emails, direct mail, social media and point of purchase, etc.) regulations provide specific guidance about how to promote such financing programs. It is important to comply with these applicable laws and regulations. Please take inventory of your advertising and marketing and follow the guidelines and promotional disclosures to help you ensure you remain compliant as outlined in the Advertising Guidelines. To review the CareCredit Advertising Guidelines visit www.carecredit.com/pro or contact Provider support at 800-859-9975.
Completing & Submitting the Application

Always have your patients sign a completed application!

1. Before a CareCredit application is completed and signed by your patients/clients, you must provide them with the CareCredit Credit Card Agreement Terms and Conditions on pages 3 through 12 of the application. When discussing financing options, make sure the patient’s ability to fully understand and process this information is not impaired in any way (e.g., by anesthesia, medication, or discomfort). Many practices have a set process as to when they introduce CareCredit to their patients/clients. You want to make sure they fully understand the suggested treatment, the cost associated with the treatment, and what payment options they have. You never want to have this conversation when your patients/clients are not in a position to fully understand and process this information.

2. It’s important that patients/clients understand the Terms and Conditions of their new account. Encourage patients/clients to review the Agreement Terms and Conditions, and provide the cover page of the application which explains how promotional purchases work, before applying for a CareCredit account. And finally, do not solicit applications in a language that differs from the application/terms. Applications are available in English and Spanish. It is recommended that any marketing also be supported in that language that does not differ from the application/terms.

3. Once the patient/client has read and agreed to the terms, the application must be completed and signed by the applicant.

4. Enter Estimated Cost
   - Total procedure/purchase amount

5. Verify ID
   - Applicant/Joint Applicant must be present, agree to the Terms and Conditions, and provide two forms of ID. Acceptable forms of ID are listed on page 6 of this Operating guide.

6. Verify Applicant/Joint Applicant Information
   - Ensure information is complete and accurate with all sources of net income which patient/client has reasonable access to.
   - Alimony, child support or separate maintenance payments do not need to be disclosed unless the patient/client wants this income to be considered.
   - Never let someone present another person’s ID or complete an application with another person’s information.

7. Applicant/Joint Applicant Signatures
   - Verify that signatures match IDs!   - Do not copy IDs.

8. Provider’s signature
   - A designated and trained staff member must sign the application prior to submitting for consideration. The signature is acknowledgment that the Provider has given to the applicant and any joint applicant the Terms and Conditions for reading before the start of the completion and signing of the application by the applicant/joint applicant.

9. Submit application
   - Providers: online or 800-859-9975   - Patients: online or 800-365-8295

10. Note Account Number and Credit limit
   - If the applicant is not approved for the requested amount, a credit line increase may be possible if the applicant chooses to request an increase. Call 800-859-9975. (Subject to credit approval. You must have the patient’s/client’s permission to submit a credit line increase request. A credit bureau check will be performed just like a new credit application.)

11. Retain signed applications for 72 months in a secure location (approved or declined).

12. For Power of Attorney questions, please call 800-859-9975.

   NOTE: See page 4 for special transaction restrictions for new accounts.

If You Submit For Your Patient/Client

- Automated Phone 800-859-9975
- Internet www.carecredit.com/pro
- Terminal
- For hearing impaired patients without a home phone, please call 800-859-9975 to complete the application process.

If Your Patient/Client Submits

- Automated Phone 800-365-8295
- Internet www.carecredit.com

Applicant/Joint Applicant under the age of 21 must apply in writing and cannot apply by phone.
**Disclosures**

CareCredit offers two types of special financing options. It is important that you describe these options consistently to the applicants and existing cardholders and that you provide the appropriate disclosures at time of credit application and at the time of the sale transaction for existing cardholders.

### Deferred Interest/No Interest if Paid in Full Promotional Financing Options

**How They Work**
- Minimum monthly payments required on 6, 12 and 18 months promotional financing options.
- For the 24 month promotional financing option, fixed monthly payments, based on a repayment period of 24 months, required until paid in full.
- Interest accrues on the daily balance of the promotional purchase from date of original purchase at the Purchase APR applicable to the account (for new accounts, this APR is 26.99%).
- If the balance is not paid in full within the promotional period, the accrued interest is added to the existing current promotional balance. The new balance will accrue interest at the Purchase APR applicable to the account until the balance is paid in full.

**Things to Remember**

<table>
<thead>
<tr>
<th>Minimum Purchase Amount</th>
<th>$200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotional Period</td>
<td>6 months*</td>
</tr>
<tr>
<td>Terminal Code</td>
<td>106</td>
</tr>
</tbody>
</table>

*Minimum monthly payments required. Required monthly payments may or may not pay off purchase before end of promotional period. **Fixed Monthly payments required.

### Fixed Payment/Reduced APR Promotional Financing Options

**How They Work**
- Fixed monthly payments of principal and interest required until paid in full.
- Fixed monthly payments based on a repayment factor of 24, 36, 48, or 60 months.
- Purchases of $1,000 or more are eligible for a 24, 36 or 48 months offer with a 14.90% APR.
- Purchases of $2,500 or more are eligible for a 60 months offer with a 16.90% APR.

**Things to Remember**

<table>
<thead>
<tr>
<th>Minimum Purchase Amount</th>
<th>$1,000</th>
<th>$2,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotional Period</td>
<td>24 months</td>
<td>36 months</td>
</tr>
<tr>
<td>Terminal Code</td>
<td>524</td>
<td>536</td>
</tr>
</tbody>
</table>

### Standard Terms

**How They Work**
- This option applies to purchases that are less than $200.
- No Promotion Selection Slip required for Standard Account Terms transactions.
- No interest will be charged if the entire Standard Account Terms balance is paid in full by the due date each month. If the cardholder does not pay in full every month, interest will be charged on the outstanding balance at the Purchase APR applicable to the account (for new accounts, this APR is 26.99%).
Important information for all Dental and Hearing Practices

If You Submit a New Application On Behalf of Your Patient/Client

and your patient/client requests that a transaction greater than $1,000 to be processed, there are two options:

Option 1

For Transactions Within Three Days of Application Submission*

If the patient/client requests a transaction greater than $1,000 to be processed within 3 days of the application submission date (see graphic below)*, your patient/client must submit the application directly to CareCredit Synchrony Bank through one of the following methods:

- Visit CareCredit.com, via their own mobile device, personal computer, or tablet.
- Call 800-365-8295

For transactions less than $1,000 you the provider can transact immediately upon the application approval.

Cardholders have a right to a refund, for purchases greater than $1,000, if made within 3 days of the application submission date, where the application was submitted by the provider*. This right does not preclude the provider from directly attempting to collect payment for services rendered.

NOTE: If approved, please advise your patient/client to make note of her/his account number in order to facilitate the transaction.

The chart below provides an example of how the 3-day consideration period is calculated.*

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submission</td>
<td>Day 0</td>
<td>Day 1</td>
<td>Day 2</td>
<td>Day 3</td>
</tr>
</tbody>
</table>

3-day consideration period

*Dental and Hearing Providers

Option 2

For Transactions After Three Days of Application Submission*

If the patient/client does not require a transaction greater than $1,000 to be processed within 3 days of the application submission date (see graphic below)*, you should continue to submit the CareCredit application as you normally would.

For Transactions After Three Days of Application Submission*

If the patient/client requests a transaction greater than $1,000 to be processed within 3 days of the application submission date (see graphic below)*, your patient/client must submit the application directly to CareCredit Synchrony Bank through one of the following methods:

- Visit CareCredit.com, via their own mobile device, personal computer, or tablet.
- Call 800-365-8295

Only charge for services that have been completed or that will be completed within 30 days of the initial charge. This requirement does not apply to charges for orthodontic service or for custom products ordered by the patient/client.

Accounts Receivable balances aged greater than 90 days may not be charged on CareCredit credit card.

A NO REFUND policy, where no services/products were rendered, is not acceptable.

Any refunds processed for cardholders who originated transaction with a CareCredit credit card, must be refunded to the CareCredit account.

As an important reminder about the CareCredit credit card, you cannot pass on the merchant and/or any other CareCredit fees to your patients/clients. Refer to the CareCredit Card Acceptance Agreement for Participating Professionals.

Providers must not set a minimum or maximum transaction amount to accept a CareCredit credit card for payment. If a cardholder desires to transact using their CareCredit credit card, the card must be accepted regardless of the transaction amount. For example:

a) Transactions under $200 will be processed as Standard Account Terms transactions.

b) Transactions of $200 or more will be processed on at least the 6 month Deferred Interest/No Interest if Paid in Full promotion.

CareCredit Rewards™ Mastercard®

- CareCredit credit cards with the Mastercard logo as shown must be processed as a CareCredit transaction on the CareCredit terminal or on carecreditpro.com. Do not process these card types as bankcard transactions.

- The CareCredit Rewards MasterCard must be present for terminal transactions.
Processing Terminal Transactions

When processing CareCredit terminal transactions, a special form called the “PSS” (Promotion Selection Slip) must always be completed when processing promotion transactions. The PSS serves as proof that your patient/client received and agreed to the Terms and Conditions of a promotional sale. Copy of the PSS must be available to Synchrony Bank upon audit request.

- The PSS must not be completed for Standard Account Terms transactions.

**NOTE:** For Dental and Hearing providers please see restrictions on page 4 prior to processing a terminal transaction.

1. Write the cardholder name and date of transaction on the PSS.
2. Follow the CareCredit Transactions steps below to process a sale on the terminal.
3. If the terminal did not provide promotion duration or APR information, call Provider Support at (800) 859-9975. They will help you to complete the boxed area, at the bottom of the PSS.
4. Ask the cardholder to sign the cardholder copies of the terminal receipt and PSS.
5. Staple the yellow copy of the PSS to the cardholder copy of the terminal receipt. Give these documents to the cardholder.
6. Staple the white copy of the PSS to the merchant copy of the terminal receipt.

**NOTE:** If the terminal is not functioning, or terminal does not provide promotion duration and/or APR, call (800) 859-9975 and Provider Support will supply the information required for the “boxed area” on the PSS.

A Promotion Selection slip (PSS) is not required when processing a refund.

**Retain Terminal Receipt and Promotion Selection Slip for 72 months.**

---

**CareCredit Transactions**

**NOTE:** Promo Code = 3 Digit Terminal Code

<table>
<thead>
<tr>
<th>Purchases</th>
<th>KEYSSTROKES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step</strong></td>
<td><strong>KEYSSTROKES</strong></td>
</tr>
<tr>
<td>1</td>
<td>Press CARECREDIT (F2) to begin</td>
</tr>
<tr>
<td>2</td>
<td>Press TRANSACTIONS (F2)</td>
</tr>
<tr>
<td>3</td>
<td>Press SALE (F2)</td>
</tr>
<tr>
<td>4</td>
<td>SWIPE CARD or manually ENTER ACCOUNT NUMBER. Then press ENTER.</td>
</tr>
<tr>
<td>5</td>
<td>ENTER the TRANSACTION AMOUNT. Then press ENTER.</td>
</tr>
<tr>
<td>6</td>
<td>ENTER the PROMO (Terminal) CODE. Then press ENTER. (You must enter a 3 digit terminal code)</td>
</tr>
<tr>
<td>7</td>
<td>If prompted, ENTER card EXPIRATION DATE. Then press ENTER.</td>
</tr>
<tr>
<td>8</td>
<td>If prompted, ENTER 3-digit card SECURITY CODE. Then press ENTER.</td>
</tr>
<tr>
<td>9</td>
<td>The terminal will print office voucher which the cardholder will need to sign.</td>
</tr>
<tr>
<td>10</td>
<td>Press ENTER. 2nd receipt will print for the cardholder to retain.</td>
</tr>
</tbody>
</table>

**Refunds**

<table>
<thead>
<tr>
<th>Step</th>
<th>KEYSSTROKES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Press CARECREDIT (F2) to begin</td>
</tr>
<tr>
<td>2</td>
<td>Press TRANSACTIONS (F2)</td>
</tr>
<tr>
<td>3</td>
<td>Press REFUND (F3)</td>
</tr>
<tr>
<td>4</td>
<td>SWIPE CARD or manually ENTER ACCOUNT NUMBER. Then press ENTER.</td>
</tr>
<tr>
<td>5</td>
<td>ENTER the TRANSACTION AMOUNT. Then press ENTER.</td>
</tr>
<tr>
<td>6</td>
<td>ENTER the PROMO (Terminal) CODE. Then press ENTER. (You must enter a 3 digit terminal code)</td>
</tr>
<tr>
<td>7</td>
<td>If prompted, ENTER card EXPIRATION DATE. Then press ENTER.</td>
</tr>
<tr>
<td>8</td>
<td>If prompted, ENTER 3-digit card SECURITY CODE. Then press ENTER.</td>
</tr>
<tr>
<td>9</td>
<td>The terminal will print office voucher which the cardholder will need to sign.</td>
</tr>
<tr>
<td>10</td>
<td>Press ENTER. 2nd voucher will print for the cardholder to retain.</td>
</tr>
</tbody>
</table>

---

**Bank Card Transactions**

For VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS

<table>
<thead>
<tr>
<th>Purchases</th>
<th>KEYSSTROKES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step</strong></td>
<td><strong>KEYSSTROKES</strong></td>
</tr>
<tr>
<td>1</td>
<td>Press CARECREDIT (F2) to begin</td>
</tr>
<tr>
<td>2</td>
<td>Press TRANSACTIONS (F2)</td>
</tr>
<tr>
<td>3</td>
<td>Press SALE (F2)</td>
</tr>
<tr>
<td>4</td>
<td>SWIPE CARD or manually ENTER ACCOUNT NUMBER. Then press ENTER.</td>
</tr>
<tr>
<td>5</td>
<td>ENTER the TRANSACTION AMOUNT. Then press ENTER. (If card was swiped go to Step 11)</td>
</tr>
<tr>
<td>6</td>
<td>ENTER the CARD EXPIRATION DATE (MM/YY). Then press ENTER.</td>
</tr>
<tr>
<td>7</td>
<td>IS THE CARD PRESENT? Y (F3) N (F4)</td>
</tr>
<tr>
<td>8</td>
<td>If the card is not present, press ENTER to bypass ORDER NUMBER</td>
</tr>
<tr>
<td>9</td>
<td>ENTER the STREET NUMBER. Then press ENTER or press ENTER to bypass.</td>
</tr>
<tr>
<td>10</td>
<td>ENTER ZIP CODE. Then press ENTER or press ENTER to bypass.</td>
</tr>
<tr>
<td>11</td>
<td>The terminal will print office receipt which the cardholder will need to sign.</td>
</tr>
<tr>
<td>12</td>
<td>Press ENTER. 2nd receipt will print for the cardholder to retain.</td>
</tr>
</tbody>
</table>

**Refunds**

<table>
<thead>
<tr>
<th>Step</th>
<th>KEYSSTROKES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Press CARECREDIT (F2) to begin</td>
</tr>
<tr>
<td>2</td>
<td>Press TRANSACTIONS (F2)</td>
</tr>
<tr>
<td>3</td>
<td>Press REFUND (F3)</td>
</tr>
<tr>
<td>4</td>
<td>SWIPE CARD or manually ENTER ACCOUNT NUMBER. Then press ENTER.</td>
</tr>
<tr>
<td>5</td>
<td>ENTER the TRANSACTION AMOUNT. Then press ENTER. (If card was swiped go to Step 7)</td>
</tr>
<tr>
<td>6</td>
<td>ENTER the CARD EXPIRATION DATE (MM/YY). Then press ENTER.</td>
</tr>
<tr>
<td>7</td>
<td>The terminal will print office voucher which the cardholder will need to sign.</td>
</tr>
<tr>
<td>8</td>
<td>Press ENTER. 2nd voucher will print for the cardholder to retain.</td>
</tr>
</tbody>
</table>
Other Terminal Procedures

End of Day Procedures And Reports

Reconcile your transactions at the end of the day to ensure all charges were processed correctly and balanced.

1. Print the following reports – Terminal Total, CareCredit Card, Bank Card, Manufacturer (if applicable).
2. Compare copies of sales drafts to the balancing reports.
3. If in balance – make a deposit. If out of balance – call (800) 859-9975.

Bank Card Balancing Reports

<table>
<thead>
<tr>
<th>STEP</th>
<th>KEYSTROKES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Press CARECREDIT (F2) to begin</td>
</tr>
<tr>
<td>2</td>
<td>Press the purple REPORTS KEY</td>
</tr>
<tr>
<td>3</td>
<td>Press BALANCING (F2)</td>
</tr>
<tr>
<td>4</td>
<td>Press BANK CARD (F1)</td>
</tr>
</tbody>
</table>

Reports

TRAN TYPE represents the type of transaction that was processed.

- PACD indicates a Regular Purchase transaction was processed
- PDC indicates a Force Purchase transaction was processed
- RDC indicates a Refund transaction was processed
- AUTH # represents the 6 digit number for approved transaction requests
- SEQ # represents the Sequence Number for that transaction in your terminal

NOTE: Print reports before making a deposit.

Terminal Totals Report

<table>
<thead>
<tr>
<th>STEP</th>
<th>KEYSTROKES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Press CARECREDIT (F2) to begin</td>
</tr>
<tr>
<td>2</td>
<td>Press the purple REPORTS KEY</td>
</tr>
<tr>
<td>3</td>
<td>Press TERMINAL TOTAL (F4)</td>
</tr>
<tr>
<td>4</td>
<td>Press the red CANCEL Key</td>
</tr>
</tbody>
</table>

CareCredit Balancing Reports

<table>
<thead>
<tr>
<th>STEP</th>
<th>KEYSTROKES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Press CARECREDIT (F2) to begin</td>
</tr>
<tr>
<td>2</td>
<td>Press the purple REPORTS KEY</td>
</tr>
<tr>
<td>3</td>
<td>Press BALANCING (F2)</td>
</tr>
<tr>
<td>4</td>
<td>Press STORE CARD (F2)</td>
</tr>
<tr>
<td>5</td>
<td>Press the red CANCEL Key</td>
</tr>
</tbody>
</table>

Making A Deposit

NOTE: Once a deposit is made daily reports are no longer available.

<table>
<thead>
<tr>
<th>STEP</th>
<th>KEYSTROKES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Press CARECREDIT (F2) to begin</td>
</tr>
<tr>
<td>2</td>
<td>Press the purple DEPOSIT KEY</td>
</tr>
<tr>
<td>3</td>
<td>Press SEND (F3) if correct or Press CANCEL (F4) If amount is incorrect.</td>
</tr>
</tbody>
</table>

Terminal Transactions with CareCredit Credit Card Not Swiped

To process a sale or refund without a CareCredit credit card or if you cannot swipe the card, process as follows:

1. Call (800) 859-9975 and verify name(s) on account and the available credit. For Power of Attorney questions, please call. **Do not process a sale transaction if the person presenting the CareCredit account number is not listed on the account.**
2. Check two forms of ID (Primary and Secondary – See below for valid ID types). Name on IDs must match name on account given in step 1 above.
3. Use the top portion (shaded area) of a blank CareCredit application to notate the two IDs presented. Retain this document with the signed sales receipt. Do not make copies of the IDs presented. **Do not have the cardholder sign the credit application. The cardholder will sign the sales receipt. Signature on the sales receipt should match signatures on IDs provided.**
4. Refer to pages 5 and 7 for terminal and online transaction processing procedures.

Always check ID. If the card is present check one form of primary ID. Do not use identifications with expired dates. The CareCredit credit card represents the second ID. The following are acceptable forms of ID:

**Primary ID (Government issued)**
- State issued Driver's License (preferred)
- State issued Non-Driver ID
- Passport

**Military ID**
- Government Issued Green Card/Resident Alien Card

**Secondary ID**
- Visa
- MasterCard
- American Express
- Discover
- Department Store Credit Card
- Gas Company Credit Card
Processing CareCredit Online Transactions

Always check ID.

- If the card is present, and you have a CareCredit credit card reader/USB swiper, check one more form of Primary ID.
  - If you don’t have a CareCredit credit card reader/USB swiper, and cannot swipe the CareCredit credit card (or the card is not present), notate two forms of ID on the bottom of the sales draft under the cardholder signature line (second receipt page). See the image below:

<table>
<thead>
<tr>
<th>Primary Id verified (initial):</th>
<th>Cardholder 1st ID Type</th>
<th>Issuance State</th>
<th>Exp. Date</th>
<th>Cardholder 2nd ID Type/Issuer</th>
<th>Exp. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Driver’s License</td>
<td></td>
<td></td>
<td>State Issued</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Federal Government</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Do not use identifications with expired dates. See page 6 for acceptable forms of Primary and Secondary ID.
- Do not process a sale transaction if the person presenting the CareCredit account number is not listed on the account. Call (800) 859-9975 to verify name(s) on account and available credit limit.

Online Purchase

1. Login to CareCreditPro.com.
2. Click the TRANSACT button.
3. In TRANSACTION TYPE click PURCHASE.
4. Click inside the ACCOUNT NUMBER box and swipe the card, or type the sixteen digit account number.
5. If CareCredit credit card is present, click the CARD PRESENT YES button, and then click CONTINUE. If CareCredit credit card is not present, refer to page 6.
6. If prompted, select the name on the account.
7. If prompted, use the drop-down box to select card EXPIRATION MONTH and YEAR.
8. Type the amount of the sale in AMOUNT $.
9. In PROGRAM, click CareCredit.
10. In TRANS/PROMO CODE – click the promotional terms selected by the cardholder.
11. If prompted, enter 3-digit card SECURITY CODE
12. Select SUBMIT button to display a sales draft. You should receive an “APPROVED” response.
13. Click the PRINT RECEIPT button. You are prompted to save or print.
14. Click the PRINT FILE icon to display printing options.
15. Click the PRINT button. A merchant copy prints for you; the second receipt is for the cardholder.
16. Ask the cardholder to sign the merchant copy.

Retain sales draft for 72 months in a secure location.

Online Refund

1. Login to CareCreditPro.com.
2. Click the TRANSACT button.
3. In TRANSACTION TYPE click REFUND.
4. Click inside the ACCOUNT NUMBER box and swipe the card, or type the sixteen digit account number.
5. If CareCredit credit card is present, click the CARD PRESENT YES button, and then click CONTINUE. If CareCredit credit card is not present, refer to page 6.
6. If prompted, select the name on the account.
7. If prompted, use the drop-down box to select card EXPIRATION MONTH and YEAR.
8. Click the transaction you want to refund. If the transaction to refund does not appear, you must manually process the refund.
9. In REFUND, click FULL or PARTIAL. If this is a full refund, continue at step 10.
10. Type the amount of the partial refund in AMOUNT $.
11. Click the SUBMIT button to display the approved refund.
12. Click the PRINT RECEIPT button. You are prompted to save or print.
13. Click the PRINT FILE icon to display printing options.
14. Click the PRINT button. A merchant copy prints for you; the second receipt is for the cardholder.
15. Ask the cardholder to sign the merchant copy.

Retain sales draft for 72 months in a secure location.
CareCredit promotes full transparency and disclosure to all applicants for its healthcare financing program (the “CareCredit Program”). To assure that applicants are aware of several key attributes of the CareCredit Program, you hereby agree as follows:

1) You will ensure that those personnel in your office who discuss the CareCredit Program with applicants take and pass the CareCredit training, and receive official certification by CareCredit based on its official training.

2) You must retain each applicant’s signature page for six years from the date of the application. Failure to keep and, upon request, produce the signature page to CareCredit may expose your office to an automatic chargeback upon consumer dispute.

3) You or your staff must inform all CareCredit applicants of the following:
   - CareCredit is a credit card and is NOT an in-house credit program. CareCredit is NOT an interest-free credit card.
   - The deferred interest program carries an APR of 26.99%, which accrues on the outstanding balance during the promotional period from the date of the transaction. Finance charges can be avoided ONLY IF the promotional balance is paid off prior to the end of the promotional period.
   - Cardholder 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, the consumer has the right to an automatic refund from you for services not yet rendered. Additional services may be billed as you provide them to the consumer.
   - These requirements do not apply to charges for orthodontic services or for custom products ordered by the consumer.
   - For all new in-office applications processed by providers for dental or hearing with initial charges over $1,000, you must require the consumer to apply directly with CareCredit using CareCredit’s toll-free telephone number for that purpose. This requirement does not apply to transactions that occur more than three days after the consumer completes an in-office application or where the consumer has an existing account. If you do not comply with this requirement, the consumer will have a right to reverse the charge from his or her account, even if services are rendered. If the consumer exercises this right, CareCredit may chargeback the transaction.
   - You agree to respond to inquiries from CareCredit regarding consumer complaints within 21 days of the date of inquiry.

4) You will maintain a fair refund policy, which CareCredit has the right to review.

5) These program changes are designed to provide transparency for patient cardholders. CareCredit reserves the right to monitor your adherence to these and other CareCredit policies. Providers who violate these policies will be subject to chargebacks as well as to termination.

Fair Lending Principles to Know

Credit must be offered to all applicants fairly and consistently. Failure to do so may result in allegations of discrimination, potential violations of federal or state fair lending laws, litigation or reputational risk. All patients/clients should be encouraged to apply for credit without regard to race, color, religion, national origin, sex, marital status, familial status, age, disability, receipt of income (in whole or in part) from public assistance programs, or an applicant’s good faith exercise of a right under the Consumer Credit Protection Act. In addition, credit-related activities must be conducted in a way that is not considered unfair, deceptive, or abusive from the patients/clients perspective. Unfair activities are those that may cause unavoidable “substantial injury” (typically financial harm) to patients/clients. Deceptive activities could include statements or omissions that mislead patients/clients or influence their decision to buy or use a product or service. Abusive practices interfere with the patients/clients ability to understand the terms and conditions of a product or service; or which take advantage of the patients/clients lack of understanding or inability to protect their interests.

Clear and Accurate Communications

Your advertising, signage, and conversations with patient/clients should help them understand and make informed choices regarding your products and available financing options. Disclosures should clearly and accurately describe the terms, conditions, and any limitations associated with the purchase and the Synchrony Bank relationship the patient/client is establishing.

Taking and Processing Applications

All patients/clients should be encouraged to complete and submit applications for credit. Do not discourage anyone from submitting an application, either through oral statements, body language, delays or discourtesy. Also, make certain that employees provide a consistent level of service in responding to questions from patient/clients about the availability of credit and/or completing the application.

Completing the Credit Application

The credit application and Terms & Conditions must be provided to patients/clients before they apply. It is the patient’s/client’s choice to have a joint applicant, but it is not required that a joint applicant be a spouse. Alimony, child support or separate maintenance payments do not need to be disclosed unless the patient/client wants this income to be considered.

Pricing and Fees

No fees related to the application process or Synchrony Bank financing are allowed, and the pricing of credit approved for patient/clients cannot be changed from what Synchrony Bank approved and communicated to the patients/clients. The availability of promotions must be consistently shared with patients/clients when they apply for credit.