

# BROKER PROFILE

## HEALTH CAPITAL INVESTORS, INC.

545 Fifth Avenue - 9th Floor - New York, NY 10017

Telephone: 212-421-4040 - Facsimile: 212-421-7171



Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Year Established: \_\_\_\_\_ Web Site: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Please submit a brief professional history with this form (if available)**

**\*\*Please provide 2 professional references (Name, Phone, Relationship)**

**Types of medical providers on which you plan to focus your marketing efforts? (check all that apply)**

Physicians

Rehab / Physical Therapy Centers

Nursing Homes

Diagnostic Facilities

Home Health Companies

Hospitals

Durable Medical Equip.

Chiropractors

All

Group Medical Practices

Other: \_\_\_\_\_

Do you have any particular connections to those providers specified? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Targeted Market Segment:  Retail (\$5,000 - \$100,000 in outstanding accounts receivable)

Middle Market (\$100,000 - \$1,000,000)

Institutional (\$1,000,000 +)

General Business Region:  Northeast  Midwest

Northwest  National

Southeast  International

Southwest  Other: \_\_\_\_\_

Number of medical transactions previously brokered: \_\_\_\_\_

Do you have any formal brokering education? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Do you have any previous experience in the health care industry? \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**Do you have any previous experience in the finance industry?** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**Will you be dedicating your business exclusively to the health care market?** \_\_\_\_\_

**Special services offered to your clients:** \_\_\_\_\_

**Other businesses in which you are involved:** \_\_\_\_\_

**Once completed, please mail to: Health Capital Investors, Inc. ~ 545 Fifth Avenue ~ 9th Floor ~ New York, NY 10017**

**Or fax to: (212) 421-7171**