

## It's Easy to Apply for the HELP Program

### Step 1: Complete the application below:

Patient Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Street Address: \_\_\_\_\_

Your City, State, ZIP: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Best Phone Number to Reach You: \_\_\_\_\_

Other Family Members (same household) who  
may have bills: \_\_\_\_\_

Hospital Account Numbers (if known):  
\_\_\_\_\_

**Step 2:** Pick the payment on the back of this panel that best suits your budget and circle the payment option you desire on the back of this panel.

**Step 3:** Attach a copy of a picture ID and recent pay stub or bank statement.

**Step 4:** Mail this brochure and a payment sheet (if included) to:

HELP Financial Corporation  
PO BOX 6408  
Plymouth, MI 48170

Call HELP at (800) 752-9613 if you have any questions.

## The Hospital Expense Loan Program

When medical expenses arise, you and your family can be put under great financial pressure. That is why North Ottawa Community Health System is pleased to offer you HELP, the Hospital Expense Loan Program, which offers a number of payment benefits:

- **Guaranteed Line of Credit** - You have a borrowing capacity equal to the amount you and any other family members currently owe any of North Ottawa Community Health System's affiliates.
- **Low Interest Rate** - You pay an interest rate that is at or around most mortgage loan rates.
- **Affordable and Flexible Payments** - You choose the monthly payment that best suits your budget. The types of payments that can be made available to you are shown on the inside panel.
- **No Pre-Payment Penalties** - You can always make double payments or pay off your HELP account early, with no interest or other penalties attached.
- **Three-Year Payment Plans** - You can choose to spread your payments out for up to three years.
- **Future Hospital Bills** - As future hospital bills arise, you can simply charge them to your HELP account.
- **Easy Enrollment** - For most people, if you have a source of income, you qualify.

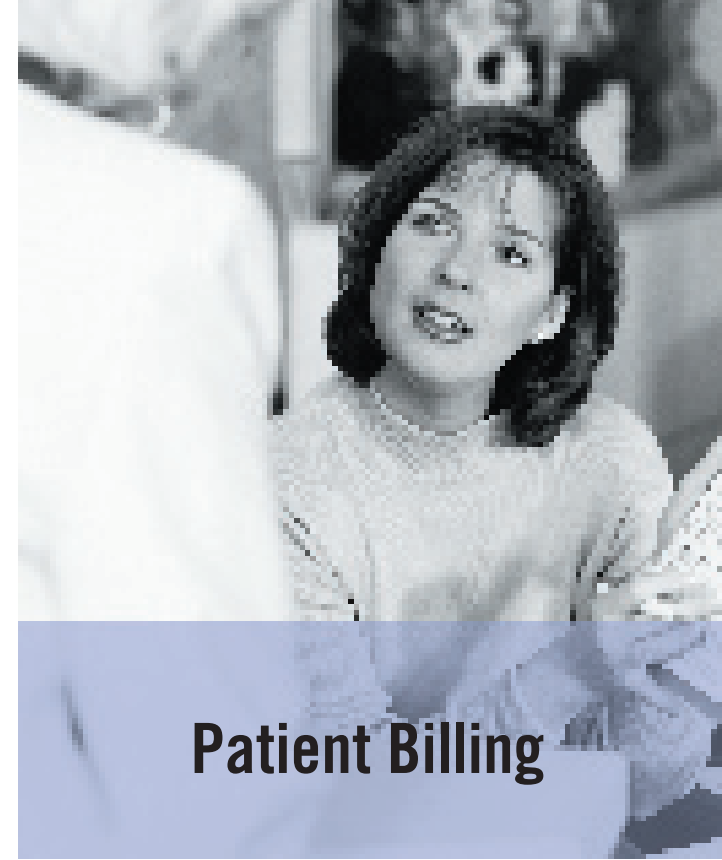
HELP is an independent organization and is NOT controlled by North Ottawa Community Health System



North Ottawa Community  
Health System

1309 Sheldon Road, Grand Haven  
616.842.3600 • www.noch.org

MK-39 (7-06)



## Patient Billing

### PATIENT PAYMENT OPTIONS

- Payment in full
- NOCHS 90-day payment plan
- HELP Loan Program
- Charity Care Benefits



## Patient Friendly Billing Options

Thank you for choosing North Ottawa Community Health System as your health care provider. We are committed to providing excellent care to our patients. As such, our billing policies and procedures have been developed to give patients several options when paying their portion of charges. We encourage you to read the choices below and contact us with any questions or concerns you have regarding your bill or our process. We appreciate having the opportunity to care for you and hope you will consider us again should you need care in the future.

### You have choices. . .

North Ottawa Community Health System bills your insurance carrier according to the information you give us at registration. After your insurance carrier pays the Health System their portion of charges or if they do not pay, any balances left are your responsibility to pay.

When paying any balance, whether you have insurance or not, you have the following options:

- 1. Payment in full:** You can make payment with cash, personal check, money order, VISA, MasterCard, Discover Card or American Express. Send payments to the address indicated on the front of your billing statement.
- 2. 90-Day Payment Plan** - Account balances must be paid in full within ninety (90) days after you receive your first statement or your account may be subject to outside collection. Patients who do not qualify for financial or medical hardship and do not have insurance will be entitled to a 15% discount if the bill is paid within 90 days.\*

**3. HELP Loan Program** - Patients who wish to set up a payment arrangement for their bill may apply for a loan through the Hospital Expense Loan Program (HELP). The loan offers a low-interest line of credit, flexible payments and up to three-year payment plans. NOCHS offers this program to assist patients. HELP is an independent organization and is not controlled by North Ottawa Community Health System. For more information, see the next panel and back of this brochure.

**4. Charity Care Benefits** - Patients who meet certain requirements, including income, may be eligible for North Ottawa Community Health System's Charity Care policy which offers payment options at no cost or reduced rates. Individuals who apply for Charity Care must live within the boundaries of the seven cities/townships within the hospital's primary service area (Grand Haven City, Grand Haven Township, Robinson Township, Crockery Township, Spring Lake Village, Spring Lake Township, Coopersville, Allendale, West Olive, Ferrysburg) . Other eligibility requirements apply.

For more information about any of our Credit Policies or to make payment arrangements under one of the options above, please contact us at (616) 844-4598.

North Ottawa Community Health System is committed to providing excellent care to our patients from admission through discharge and beyond. It is our hope that by making patient communications clear, concise and correct, you'll agree NOCHS' patient-friendly billing program is a positive enhancement for everyone.

\*North Ottawa Community Hospital discount only. Health System affiliates have separate discount policies.

## Examples of Monthly Payments That Maybe Available to You

HELP will provide you with a guaranteed line of credit for the full amount you currently owe North Ottawa Community Health System.

Amount Financed	1 year	2 years	3 years
\$200	\$17.54	\$9.18	\$6.41
\$300	\$26.31	\$13.77	\$9.61
\$400	\$35.07	\$18.37	\$12.81
\$500	\$43.84	\$22.96	\$16.02
\$600	\$52.61	\$27.55	\$19.22
\$700	\$61.38	\$32.14	\$22.42
\$800	\$70.15	\$36.73	\$25.63
\$900	\$78.92	\$41.32	\$28.83
\$1,000	\$87.68	\$45.91	\$32.03
\$1,100	\$96.45	\$50.51	\$35.24
\$1,200	\$105.22	\$55.10	\$38.44
\$1,300	\$113.99	\$59.69	\$41.64
\$1,400	\$122.76	\$64.28	\$44.85
\$1,500	\$131.53	\$68.87	\$48.05
\$1,600	\$140.29	\$73.46	\$51.25
\$1,700	\$149.06	\$78.05	\$54.46
\$1,800	\$157.83	\$82.65	\$57.66
\$1,900	\$166.60	\$87.24	\$60.86
\$2,000	\$175.37	\$91.83	\$64.07
\$2,100	\$184.14	\$96.42	\$67.27
\$2,200	\$192.90	\$101.01	\$70.47
\$2,300	\$201.67	\$105.60	\$73.68
\$2,400	\$210.44	\$110.19	\$76.88
\$2,500	\$219.21	\$114.79	\$80.08
\$2,600	\$227.98	\$119.38	\$83.29
\$2,700	\$236.75	\$123.97	\$86.49
\$2,800	\$245.51	\$128.56	\$89.69
\$2,900	\$254.28	\$133.15	\$92.90
\$3,000	\$263.05	\$137.74	\$96.10

## Terms and Conditions for HELP Accounts

Annual Percentage Rate .....9.50%

Annual Fee.....\$10

Grace Period for Repayment of Balances of Purchases.....0 days

Method of Computing Balance of Purchases...

Average Daily Balance (including new purchases)