

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

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 Rate9.50%
- 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)

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 from the option to the left that best suits your budget and circle the payment option you desire.

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

Step 4: Mail this application 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.



North Ottawa Community Health System

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