

Monthly Payments

Amount Financed	12 Month 0% Plan	24 Month Plan	36 Month Plan
\$300	\$25.00	\$12.78	\$8.79
\$400	\$33.33	\$17.04	\$11.72
\$500	\$41.67	\$21.30	\$14.65
\$600	\$50.00	\$25.56	\$17.58
\$700	\$58.33	\$29.82	\$20.51
\$800	\$66.67	\$34.08	\$23.44
\$900	\$75.00	\$38.34	\$26.37
\$1,000	\$83.33	\$42.60	\$29.30
\$1,100	\$91.67	\$46.86	\$32.23
\$1,200	\$100.00	\$51.12	\$35.16
\$1,300	\$108.33	\$55.38	\$38.09
\$1,400	\$116.67	\$59.64	\$41.02
\$1,500	\$125.00	\$63.90	\$43.95
\$1,600	\$133.33	\$68.16	\$46.88
\$1,700	\$141.67	\$72.42	\$49.81
\$1,800	\$150.00	\$76.68	\$52.74
\$1,900	\$158.33	\$80.94	\$55.67
\$2,000	\$166.67	\$85.20	\$58.60
\$2,100	\$175.00	\$89.46	\$61.53
\$2,200	\$183.33	\$93.72	\$64.46
\$2,300	\$191.67	\$97.98	\$67.39
\$2,400	\$200.00	\$102.24	\$70.32
\$2,500	\$208.33	\$106.50	\$73.25

Holland Hospital offers you payment options through Help Financial Corporation. HELP Payment Plans provide payment choices up to three years to pay your Holland Hospital, Lakeshore Health Partners, Bone & Joint Center and Western Michigan Urological Associates balances.

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Credit Extensions	0.00% Introductory APR for the first twelve (12) months. After that, your APR will be 8.00%
Paying Interest	You will be charged interest from the date of the Credit Extension.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50 .
Fees	
Annual Fee	\$0.00 / Waived
Penalty Fee • Returned Payment Fee	\$27.50

HELP Financial

helpfinancial.com

HELP Financial Patient Payment Options



Holland Hospital bills your insurance carrier according to information provided at registration.
If your insurance company does not pay, you should contact your insurance company to resolve any issues.
Any remaining balances — after your insurance company pays the hospital — are your responsibility to pay.

HELP Payment Plans

GUARANTEED LINE OF CREDIT

You have borrowing capacity equal to the amount you and any other family members currently owe Holland Hospital.

COMBINE ACCOUNTS TO ONE PAYMENT

You can choose to combine all of your family accounts into one HELP Payment Plan.

AFFORDABLE AND FLEXIBLE PAYMENTS

You choose the monthly payment that best suits your budget. The types of payments available to you are shown on the next panel.

NO PRE-PAYMENT PENALTIES

You can always make double payments or pay off your HELP account early, with no additional 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

Future Holland Hospital bills can be simply added to your HELP account.

EASY ENROLLMENT

You will not be subject to a formal credit check. For most people, if you have a source of income, you qualify!

NO INTEREST FOR INITIAL 12 MONTHS

Regardless of the term you choose, the initial twelve (12) months of your plan will carry an introductory **0.0%** APR. After that your APR will be **8.0%** on your remaining principle balance only.

When paying any balance, you have the following options:

1. Payment in Full

Online at www.hollandhospital.org

Visa, MasterCard, Discover & American Express (Credit, Debit or HSA).

Send check or money order to:

Holland Hospital
PO BOX 772123
Detroit, MI 48277-2123

Visit our office:

602 Michigan Ave.
Holland, MI 49423
Monday - Friday, 8 am - 4:30 pm
Call: (616) 394-3122

2. HELP Payment Plans

If you need a longer period of time to pay your balance, you can apply for a 12 to 36 month HELP Payment Plan.

Regardless of the term you choose, your HELP Payment Plan will carry a **0.0%** APR during the first twelve (12) months introductory period and after that a low **8.0%** APR on the remaining principle balance only.

Holland Hospital offers this program to assist patients, but HELP Financial Corporation is an independent organization and is not controlled by Holland Hospital.

3. Financial Assistance

If you have no insurance or resources for payment of services, you may be eligible for financial assistance. To inquire, contact Patient Financial Services at (616) 394-3626.



It's Easy to Apply

OPTION 1

Call (616) 394-3122

OPTION 2

Apply at www.helpfinancial.com

When applying for a HELP Payment Plan, please have your hospital bill available. You will need to provide the following information:

- Guarantor and Patient Names
- Guarantor Address
- Hospital Account Numbers
- Hospital Balances

 **HELP Financial**