

Edgerton Hospital CREDIT POLICY

Edgerton Hospital bills your insurance carrier according to information given at registration.

Payments of Co-Pay & Deductibles are required at the time of service.

If the insurance company does not respond within 60 days, you should contact your insurance company to resolve any issues.

Non-covered services will be your responsibility. Any balances left after your Insurance company pays the Hospital are your responsibility to pay. When paying any balance, you have the following options:

1. Payment in Full

You can make payment in full through the following means:

- ♦ Cash
- ♦ Personal Check
- ♦ Money Order
- ♦ VISA, Mastercard, Discover Card and American Express

Send payment in full or make inquiries to:

Edgerton Hospital
11101 Sherman Road
Edgerton, Wisconsin 53534
608-884-1674

2. 6 Month Payment Plan

If a payment plan is signed, account balances must be paid in full, interest free, within 6 months after you receive your first statement. If your balance remains after 6 months your account may be subject to outside collections.

3. The HELP Program

Patients who cannot resolve current hospital bills upon receiving their first statement or cannot sign a 6 month payment plan may apply for payment through the Hospital Expense Loan Program (H.E.L.P.).

The benefits of the HELP Program are described on the reverse side of this brochure.

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

To apply, speak to an Edgerton Hospital financial counselor or complete the application on the reverse side and mail directly to:

Edgerton Hospital
11101 Sherman Road
Edgerton, Wisconsin 53534
608-884-1674



PATIENT PAYMENT ALTERNATIVES

- CASH OR CHECK
- VISA, MasterCard, Discover & American Express
- Edgerton Hospital 6 Month Payment Plan
- Hospital Expense Loan Program

The Hospital Expense Loan Program

When a large medical expense arises, you and your family can be put under considerable financial pressure. That is why Edgerton Hospital offers you **H.E.L.P.**, the Hospital Expense Loan Program, which offers a number of payment benefits:

• Low Interest Rate

HELP is a personal finance loan, but you pay an interest rate that is lower than most credit card programs or other sources of personal finance.

• 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 next 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.

• 1 to 3 Year Payment Plans

You can choose to spread your payments out for up to three years.

• Future Medical Bills

As future medical bills arise, you can simply charge them 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!**

Examples of Monthly Payments That May be Available to You

HELP will provide you with a guaranteed line of credit for the full amount you currently owe Edgerton Hospital.

Amount Financed	Your Monthly Payment		
	1 Year Plan	2 Year Plan	3 Year Plan
\$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... \$10.00
Grace Period for Repayment of Balances of Purchases... 0 days
Minimum Finance Charge... None
Method of Computing Balance of Purchases... Average Daily Balance (including new purchases)

It's Easy to Apply to the HELP Program

Step 1: Complete the Application Below:

Your Name:
Your Street Address:
Your City, State, Zip:
Your Social Security Number:
Best Phone Number to Reach You:
Other Family Members Who May Have Bills:
Account Numbers, If Known:

Step 2: Pick the payment that best suits your budget.

Step 3: Circle the payment option you desire on the previous panel or on a payment sheet (if included).

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

Edgerton Hospital
11101 Stoughton Road
Edgerton, Wisconsin 53534
Attn: Patient Financial Counselor

**Call us if you have any questions.
608-884-1674**