

PAYMENT ALTERNATIVES

1. PAYMENT IN FULL

You can make payment by:

- Cash, Debit Card, Check
- Money Order
- Visa, MasterCard, Discover, American Express

2. 90 DAY PAYMENT PLAN

Account balances less than \$250 must be paid in full within ninety (90) days after you receive your first statement or your account may be subject to outside collections.

3. THE HELP PROGRAM

Patients can set up longer term payment arrangements for balances of \$250 or more by applying for the Hospital Expense Loan Program.

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

Health Central offers this program to assist patients, but HELP Financial is an independent company and is not controlled by Health Central.

Applying is simple, complete the form in this brochure and mail it to the Health Central Business Office or to apply by phone call: (407) 296-1180

4. ASSISTANCE PROGRAMS

If you have concerns about your ability to pay for health care, please call a financial counselor at (407) 296-1185 to discuss information about programs that you may qualify for to help pay for your health care services.



PAYMENT POLICY

Health Central bills your insurance carrier according to information given at registration.

If the insurance company does not pay, you should contact your insurance company to resolve any issues.

Any unpaid balances including deductibles, co-pays and self-pay charges due Health Central are the patient's responsibility to pay in full or by choosing an acceptable payment arrangement with a financial counselor. A discount is available for uninsured patients (no insurance).

When paying any balance, you may choose any of the patient payment alternatives listed in this brochure. Please call or visit us at Health Central to discuss these options with one of our Financial Counselors.

Health Central Business Office

2714 Rew Circle, Suite 200
Ocoee, FL 34761

(407) 296-1180



PATIENT PAYMENT ALTERNATIVES

- Cash, Debit, Check
- Visa, Discover, MasterCard, American Express
- 90 Day Payment
- Hospital Expense Loan Program
- Medical Assistance

Patient Payment Alternatives

H.E.L.P. HOSPITAL EXPENSE LOAN PROGRAM

■ Line of Credit

If you qualify you will have borrowing capacity equal to the amount you currently owe Health Central.

■ 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.

■ 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

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

If you qualify HELP will provide you with a line of credit for the full amount you currently owe Health Central.

Examples of Your Monthly Payment			
Amount Financed	1 Year Plan	2 Year Plan	3 Year Plan
\$300	\$26.10	\$13.57	\$9.40
\$400	\$34.80	\$18.09	\$12.53
\$500	\$43.49	\$22.61	\$15.67
\$600	\$52.19	\$27.14	\$18.80
\$700	\$60.89	\$31.66	\$21.94
\$800	\$69.59	\$36.18	\$25.07
\$900	\$78.29	\$40.70	\$28.20
\$1,000	\$86.99	\$45.23	\$31.34
\$1,100	\$95.69	\$49.75	\$34.47
\$1,200	\$104.39	\$54.27	\$37.60
\$1,300	\$113.08	\$58.80	\$40.74
\$1,400	\$121.78	\$63.32	\$43.87
\$1,500	\$130.48	\$67.84	\$47.00
\$1,600	\$139.18	\$72.36	\$50.14
\$1,700	\$147.88	\$76.89	\$53.27
\$1,800	\$156.58	\$81.41	\$56.41
\$1,900	\$165.28	\$85.93	\$59.54
\$2,000	\$173.98	\$90.45	\$62.67
\$2,100	\$182.68	\$94.98	\$65.81
\$2,200	\$191.37	\$99.50	\$68.94
\$2,300	\$200.07	\$104.02	\$72.07
\$2,400	\$208.77	\$108.55	\$75.21
\$2,500	\$217.47	\$113.07	\$78.34
\$2,600	\$226.17	\$117.59	\$81.47
\$2,700	\$234.87	\$122.11	\$84.61
\$2,800	\$243.57	\$126.64	\$87.74
\$2,900	\$252.27	\$131.16	\$90.88
\$3,000	\$260.97	\$135.68	\$94.01

TERMS AND CONDITIONS FOR HELP ACCOUNTS

- Annual Percentage Rate... 8.00%
- 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)

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:
Hospital 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.

STEP 4:

Mail this brochure to:

Health Central
Business Office
2714 Rew Circle, Suite 200
Ocoee, FL 34761

Apply Today Using This Brochure

Call us if you have any questions regarding the HELP Program (800) 752-9613