

Payment Policy

The Richland Hospital, Inc. bills your insurance carrier according to information given 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. When paying any balance, you have the following options:

Payment in Full

You can make payment by Cash, Debit Card, Check, Money Order, Visa, MasterCard, Discover & American Express.

Send payments or make inquiries to:

The Richland Hospital, Inc.
333 East Second Street
Richland Center, WI 53581
608 647-6321

Pay online at:

<https://richlandhospital.mysecurebill.com>

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 principal balance only.

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

To apply, see the reverse side of this brochure.

Financial Assistance

If you have no insurance or resources for payment of services, you may be eligible for financial assistance. Inquire at www.richlandhospital.com or contact our Financial Assistance Department at 608 647-6321.



HELP Financial
Patient Financing Since 1989

The Richland Hospital, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-647-6321

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-608-647-6321.



Patient Payment Options

- Payment in Full
- Visa, MasterCard, Discover Card & American Express
- HELP Payment Plans 12 to 36 months
- Financial Assistance

- GUARANTEED LINE OF CREDIT**
 You have borrowing capacity equal to the amount you and any other family members currently owe The Richland Hospital, Inc..
- 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 The Richland Hospital, Inc. bills can be simply charged 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!*
- 0.0% APR 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 principal balance only.

OPTION 1
Call 855-238-8527

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
www.helpfinancial.com

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

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 <u>\$0.50</u> .
Fees	
Annual Fee	\$0.00 / Waived
Penalty Fee • Returned Payment Fee	<u>\$25.00</u>