

Please complete and return this application to your healthcare provider's business office

**- Estimate your monthly payment:**

Balance	10	20	30	40	50	60
\$500	\$54	\$29	NA	NA	NA	NA
600	65	35	NA	NA	NA	NA
700	76	40	\$29	NA	NA	NA
800	86	46	33	\$26	NA	NA
900	97	52	37	30	NA	NA
1,000	108	58	41	33	\$28	NA
1,200	130	69	49	40	34	\$30
1,400	151	81	58	46	39	35
1,600	173	92	66	53	45	40
1,800	194	104	74	59	50	45
2,000	216	116	82	66	56	50
2,200	238	127	91	72	62	55
2,400	259	139	99	79	67	60
2,600	281	150	107	86	73	65
2,800	302	162	115	92	79	70
3,000	324	173	123	99	84	75
3,500	378	202	144	115	98	87
4,000	432	231	165	132	112	99
4,500	486	260	185	148	126	112
5,000	540	289	206	165	140	124
5,500	594	318	226	181	154	137
6,000	648	347	247	198	168	149
6,500	702	375	267	214	182	162
7,000	756	404	288	230	196	174
7,500	810	433	309	247	210	186
10,000	1,080	578	411	329	280	249

**Borrower**

Last Name  First Name  MI  SSN  Phone

Address  Address (Optional Line 2)s  City  ST  Zip (+4)

Employer Name  Employer Address  City  ST  Zip (+4)

Employer Phone

**Co-Borrower (Check if Spouse)**

Last Name  First Name  MI  SSN  Phone

Address  Address (Optional Line 2)s  City  ST  Zip (+4)

Employer Name  Employer Address  City  ST  Zip (+4)

Employer Phone

Amount Requested \$

Estimated Monthly Payment \$

- Please refer to chart at left

Desired Monthly Due Date:



# HealthFirst<sup>SM</sup> Financial

## About Us

Quality Healthcare is expensive. HealthFirst Financial offers a solution. We provide payment options when insurance and other programs are unable to assist. HealthFirst Financial is unique - unlike a bank with stringent qualifications, our process is fast and simple so you can focus on getting well.

## Frequently Asked Questions

### How do I know if I qualify?

It's easy to qualify. Contact your healthcare provider's business office for more information.

### How do I get started?

Simply fill in the application form (opposite side) and return it to your provider's business office. Your provider will handle further paperwork and prepare a time payment agreement.

### How will I make payments?

You will receive a booklet of convenient coupons to mail with your monthly payment - or choose our auto-pay program and have your payment automatically deducted from your checking account. The option is yours.

Please contact HealthFirst Financial at 1-866-550-9955 with any questions regarding payments and terms.

*Your Healthcare Provider:*

## Contact Information

For HealthFirst Financial information, please call Toll Free: **1-866-550-9955**

### Office Locations:

#### Southern/Western Oregon (Corporate Office)

400 International Way, STE 220  
Springfield, OR 97477

#### Central/Eastern Oregon

1435 NE 4th St, STE A  
Bend, OR 97701

#### Northern Oregon / Washington

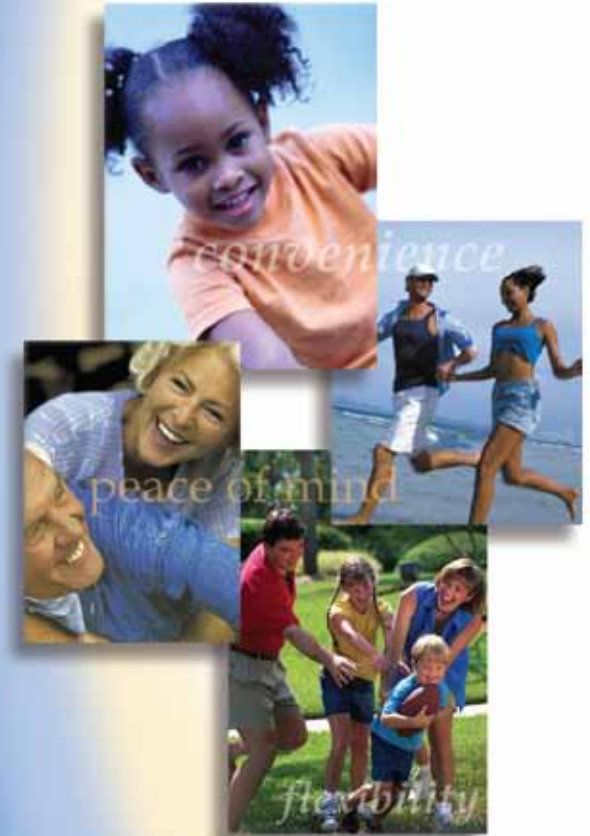
12204 SE Mill Plain Blvd, STE 101  
Vancouver, WA 98684



# HealthFirst<sup>SM</sup> Financial

*- We look forward to working with you.*

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**WE PROVIDE MEDICAL FINANCING**

*—so you can focus  
on getting well*