



## How much can my client pay?

When discussing financial arrangements, find out which option works best for you and your client.

### Payment Options

Cash  
 Visa  
 MasterCard  
 The HELPCard

The HELPCard is your best option if our small monthly payment fits into a tight budget. See the repayment schedule below.

### Repayment Schedule

The minimum monthly payment amount is 3.25% of the balance or \$29, whichever is greater.

You may also use the following *Approximate Payment* list to estimate monthly payments:

<u>Balance</u>	<u>Payment</u>
\$1,000	\$33.00
\$1,500	\$49.00
\$2,000	\$65.00
\$2,500	\$82.00
\$3,000	\$98.00
\$3,500	\$114.00
\$4,000	\$130.00
\$4,500	\$147.00
\$5,000	\$163.00
\$5,500	\$179.00



## Have the Client Complete the application.

- Put your provider number on the application in the space provided in the top left hand corner.
- Carefully check the application for completeness, especially the following:
  - Additional required information
  - Applicant and co-applicant signatures
  - Previous residence
  - Names of authorized users
  - Monthly rent or mortgage payments
  - Income-gross or net
 Refer to "required information sheet" included with applications.
- Tear off the disclosure attached to the application and give to client.

The image shows a sample of a HELPCard application form. It is a multi-section form with various fields for personal and financial information. Key sections include:
 

- PERSONAL INFORMATION:** Name, address, city, state, zip, and phone number.
- PROVIDER USE ONLY:** Provider ID, Center ID, Patient ID, and Account type.
- ABOUT YOUR INCOME:** Fields for gross income, net income, and other income sources.
- EXISTING ACCOUNTS:** Checkboxes for checking, savings, and other accounts.
- ABOUT CO-APPLICANT'S JOB AND INCOME:** Similar fields to the applicant's section.
- TRUTH IN LENDING DISCLOSURE:** A section with fine print regarding interest rates and fees.
- PLEASE SIGN THIS FOR AUTHORIZATION:** A section for the applicant's signature and date.
- CO-APPLICANT'S SIGNATURE:** A section for the co-applicant's signature and date.

 The form is partially filled out with sample data, such as '13' for the provider ID and '\$00' for income fields.

## Cardholder Application Sample