



Providing Patient Financing Services

Health One Financial LLC is a leader in the patient finance industry, assisting customers who wish to finance their medical procedure. Health One Financial works in all areas of the medical and elective surgery market including plastic surgery, cosmetic dentistry, dermatology, orthodontics, chiropractic, LASIK, etc.

Why Choose Health One?

Health One Financial is the most comprehensive patient finance company in the elective surgery market. Offering the innovative Health One VISA Card as a potential financing option for your elective surgery, you will enjoy all of the following features:

- **NO INTEREST INTRODUCTORY APR**
No Interest introductory APR¹ for 6 billing cycles on purchases and balance transfers.
- **EARN CASH REWARDS**
Earn up to 1% cash back on purchases when you use your Health One Card.*
- **FAST APPROVALS**
Call now and receive a decision on your account over the phone.
- **NO ANNUAL FEES**
No annual membership fees with on purchase per year.
- **TAX DEDUCTABLE HSA ACCOUNT**
Qualified applicants can qualify for up to a \$1680 refund on your annual taxes!

¹ Please consult your Health One representative for details
* The cash rebate is calculated based on net purchases and paid annually on the account anniversary date. Rebates are automatically sent via paper check within 4-6 weeks of the anniversary date. Amount must be open and current to earn and receive rebates. Details are provided when you become a cardmember. The creditor, issuer and service provider of the Health One Card is Elan Financial Services PO Box 6361 Fargo, ND 58125.



HEALTH ONE FINANCIAL VISA® CREDIT CARD APPLICATION.

Choose one: Individual Account* Joint Account
CWP SC 80094 PC 1391 LC 7536

1. Applicant Information

First Name	Middle Initial	Last Name
Date of Birth	Social Security #	Home Phone Number
Cellular Phone Number	E-mail Address	
Address (no P.O. Boxes allowed)		
City	State	ZIP Code

2. Co-Applicant Information

First Name	Middle Initial	Last Name
Date of Birth	Social Security #	Home Phone Number
Cellular Phone Number	E-mail Address	
Address (no P.O. Boxes allowed)		
City	State	ZIP Code

*A married Wisconsin resident applying for an individual account in his/her own name must complete the required spousal information in the co-applicant section. The Issuer may give notice of the opening of any credit account to the applicant's spouse. If you reside in a community property state, such as AZ, CA, ID, LA, NM, NV, TX, WA, or WI the assets of your marital community will be liable in this account even if you apply for a separate account and this application is not signed by your spouse (unless you attach a statement that you wish to apply for a separate account based solely on your separate assets). If you reside in a community property state, credit extended under this account will be incurred for a community benefit.

3. Financial Information

Current Employer	Phone Number
How Long? Years Months	Applicant's Annual Income**
<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Mortgage/Rental Amount
Co-Applicant's Annual Income**	Check your financial relationships: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Investments
Annual Amount of Other Income**	Type of Other Income and Source

** Income from alimony, child support or maintenance payments does not have to be disclosed unless you want it considered for the purpose of repaying this obligation.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address (P.O. Boxes are not allowed under Federal law), date of birth and other information (including your Social Security Number or Tax Payer Identification Number) that allows us to identify you. We may ask to see your driver's license or other identifying documents when appropriate.

4. Signatures

I understand that Elan Financial Services as creditor and issuer ("Issuer") will rely on the information provided here in making its credit decision, and certify that such information is accurate and complete to the best of my knowledge. If Issuer opens an account based on this application, I will be individually liable if this is an individual Account or individually and jointly liable if this is a joint Account for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. I authorize Issuer, in determining my eligibility for credit, renewal of credit, and future credit extensions, to verify my employment and income and all other information I have provided, and obtain information about me, including my residence address, from other creditors, credit bureaus, employers, third parties, and federal and state records, including any state motor vehicle department, and waive any rights of confidentiality I may have in that information under applicable law. By signing this application, I authorize Issuer to provide Health One with my credit decision and notify Health One when I activate my card for the limited purpose of performing provider services. I also certify that I read and understood the disclosures here and agree to the terms of this application.

X
Signature of Applicant

X
Signature of Co-Applicant

Health One - Provider Information

Health One Provider ID
Provider Name
Requested Financing Amount

IMPORTANT NOTE: I understand I will be assessed a one-time Program Fee of \$49 or 4% of the procedure amount, up to a maximum of \$149, payable to Health One Financial for securing this financing option. I understand this Program Fee may be billed to this Health One Visa Card. No additional fees will be assessed for future expenditures on this card.

Frequently Asked Questions

What if I have had credit problems?

If you have had credit problems in the past, Health One Financial will work with you and your specific situation in order to allow for the best chance to get approved with Health One Financial.



What will my interest rate be?

The interest rate and terms are based on your credit history and current financial situation. As with any financing program, the better your credit, the better the rate that you will potentially receive.

Is there a pre-payment penalty?

No. As long as you make your minimum monthly payment, you can pay your balance off as quickly as you like, or take as long as you like to pay it off.

How long will it take to get approved?

When you apply for your Health One Card, your Health One Financial representative will give you an immediate decision on your account. If an immediate approval is not available, a Health One Financial representative will be in constant contact with you until your approval is ready.

How Do I Apply?

Applying with Health One Financial is simple. Please call 888-748-3621. Select the appropriate prompts, which will connect you to our application support center. If you plan to use a co-applicant, they will need to be on the phone with you. Please have your Health One Financial provider ID number available (your doctor/dentist can provide you with this).

Contact Us

Whether you are ready to apply, or simply would like to learn more about Health One Financial, our friendly support staff is available to answer your questions. Please call us at 888-748-3621.



Customer Service

1-888-748-3621

Website

www.HealthOne-Financial.com

Email

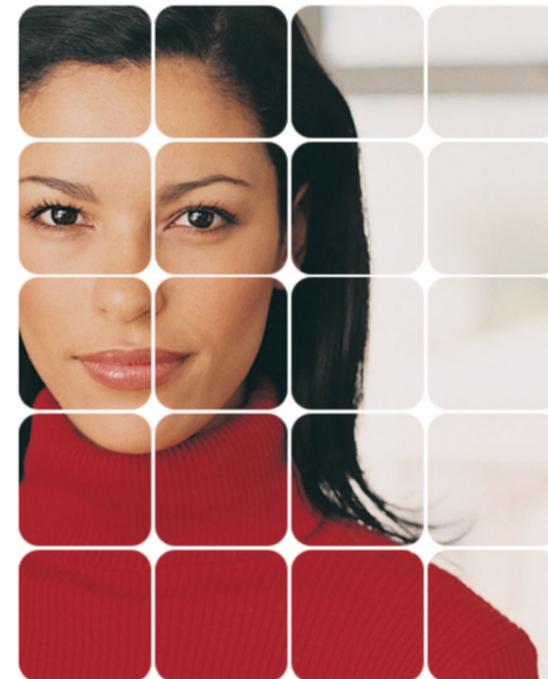
customer.support@HealthOne-Financial.com

Fax

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