

MANAGING YOUR MEDICAL EXPENSES
"MY LOANS" APPLICATION

"MY LOANS" FINANCE PROGRAM – BENEFITS TO YOU:

- **FINANCING FOR UNPAID MEDICAL EXPENSES** - Assistance in financing health services received.
- **TERM FLEXIBILITY FOR REPAYMENT** - A term of repayment may be negotiated for client with medical service provider. Full balance is no longer due at time of service.
- **MONTHLY PAYMENTS ALLOWED** - Payments made directly to your medical service provider's bank – Pinnacle Bank.
- **ONE STOP FINANCING SOLUTION** - The health care provider works directly with the client – no need to come to the bank.
- **PAYMENTS MADE TO BANK** - Online banking can be used to make monthly payments conveniently from home.

TALK WITH YOUR HEALTH CARE REPRESENTATIVE ABOUT THIS SOLUTION FOR YOUR MEDICAL EXPENSES

APPLICATION

A) ABOUT YOURSELF (BORROWER)

First Name _____ MI _____ Last Name _____ Jr./Sr. _____
 Date of Birth ____ / ____ / ____ Social Security Number _____ - _____ - _____ Email _____
 Occupation _____ Document Used to Verify (Type of Document) _____ ID# _____
 State or Place of Issuance _____ Date of Issuance ____ / ____ / ____ Expiration Date ____ / ____ / ____
 Street Address _____
 City _____ State _____ Zip Code _____
 Billing Address (if different) _____
 City _____ State _____ Zip Code _____
 Home Phone (_____) _____ - _____ Business Phone (_____) _____ - _____

LOAN REQUEST AMOUNT \$ _____ **TERM LENGTH REQUEST** _____ **MONTHS** (up to 60 months)

B) ABOUT THE CO-BORROWER/CO-SIGNER (If applicable)

- This person is (please check one):
- The patient receiving services (**Borrower** unless minor child is receiving the service)
 - The parent of a minor child who received services (**Borrower/Co-Borrower**)
 - The spouse of the patient who received services (**Co-Signer**)
 - The parent of a child 18 years of age or older who received services (**Co-Signer**)

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 Billing Address (if different) _____
 City _____ State _____ Zip Code _____
 Home Phone (_____) _____ - _____ Business Phone (_____) _____ - _____

BY SIGNING BELOW BOTH BORROWER AND CO-BORROWER INTEND TO APPLY FOR CREDIT.

Borrower's Name _____	Co-Borrower/Co-Signer's Name _____
Borrower's Signature _____	Co-Borrower/Co-Signer's Signature _____
Date ____ / ____ / ____	Date ____ / ____ / ____



THE WAY BANKING SHOULD BE