

## CREDIT APPLICATION

*Offering our patients the option of convenient, long-term payments for all their medical services.*

Via Christi

**MedCharge**

1065 2394  
JOHN DOE

7580 2368



Via Christi  
Wichita Health Network

**M e d C h a r g e**  
CREDIT



Via Christi  
Wichita Health Network



St. Francis Campus  
929 N. St. Francis  
Wichita, KS 67214

St. Joseph Campus  
3600 E. Harry  
Wichita, KS 67218

Via Christi Regional Medical Center is pleased to introduce its credit card, MedCharge. MedCharge offers our patients the option of convenient, long-term payments for all their medical services.

MedCharge is ideal for:

- frequent trips to family practice clinics
- recurring outpatient treatment
- inpatient deductibles and co-insurance

To apply for your MedCharge, simply fill out the attached credit application and drop it in the mail. Use your MedCharge card at participating Via Christi locations.

#### MEDCHARGE AGREEMENT

The person (Cardholder) whose name appears on the face of the Via Christi Credit Card (Card) by retaining, using or permitting others to use such Card and the account represented by the Card, accepts the same subject to the following terms and agrees with Via Christi and its assignee INTRUST Bank, N.A. (Bank) as follows:

**USING YOUR ACCOUNT:** You, the Cardholder, authorize Bank to pay for your Card account all services incurred by you or your family from Via Christi. The amount of services to be debited to your account will be the remaining dollar amount for each service after all insurance and third party payments have been received by Via Christi. Only Via Christi, or its agent, may instruct Bank to debit your account. You promise to pay for all such services (Purchases), together with all applicable **FINANCE CHARGES** and fees, as set forth in this Agreement.

**PAYMENTS:** Bank will furnish you with a monthly statement for Purchases made on your account and you agree to pay Bank within 25 days from the closing date shown on the statement, either (a) the New Balance, or (b) a minimum payment of 2% of the New Balance, or the sum of \$10, whichever is greater. The Special 0% Offer requires that 1/12 of the Special 0% Offer balance be paid each month, in addition to the minimum required for other balances.

Any credits posted to your account will not affect the minimum monthly payment. Your failure to pay the minimum payment each month by the payment due date will cause your account to be delinquent. Application of payments will be at Bank's discretion. Each monthly statement will be considered a correct statement unless you establish a billing error under the provisions of the Federal Truth in Lending Act. Payments must be made by check, money order or electronically and payable in U.S. dollars. We are not obligated to accept any payment that is not drawn on the U.S. Post Office or a financial institution located in the United States.

Bank may accept letters, checks or other types of payment showing "Payment in full" or other language indicating satisfaction of your debt, without waiving any of Bank's rights to receive full payment under this Agreement. You must send any such communication to the address in the Billing Rights Summary on your statement. Satisfaction of your debt for less than the full amount due requires a written agreement, signed by an authorized Bank associate.

Payments must be made by check, money order or electronically and payable in U.S. dollars. Bank is not obligated to accept any payment that is not drawn on the U.S. Post Office or a financial institution located in the United States.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment. The statements are proof of payment and copies of your checks are available for up to 2 years.

**ANNUAL PERCENTAGE RATE:** The account interest rate is variable and may change from time to time. The monthly periodic rate is 1/12 of the **ANNUAL PERCENTAGE RATE (APR)**. The **APR** is determined by adding percentage points (the "Margin") to a variable rate "Index" which is the Prime Rate published in the Money Rates section of the Wall Street Journal. The Index will never be less than 5%. The Index is reviewed on the last business day of each month (the Change Date) and any change in the Index from the previous Change Date will cause the **APR** to be adjusted on the first day of the following month. If more than one **APR** has been in effect during your billing cycle, Bank will apply the most current **APR** in effect on your billing cycle closing date. An increase in the Index will result in an increase in the amount of any **FINANCE CHARGE**, minimum payment and outstanding balance. The Margin is 5.9 percentage points. As of June 1, 2003 the **APR** was 10.9%, which corresponds to a monthly periodic rate of 0.91%.

**SPECIAL 0% OFFER FOR NEW SERVICES:** You have the option to sign up for 0% interest for 12 months on new services (Special 0% Offer). This Special 0% Offer will be identified separately on your monthly statement and your monthly statement will separately disclose the balances to which the Special 0% Offer applies. These separate balances and the related **FINANCE CHARGES** will be calculated in the same manner as described in the **Finance Charge** section. If your account is past due or overlimit, the **APR** for the Special 0% Offer will revert to the standard **APR** as described in the **Annual Percentage Rate** Section.

**FINANCE CHARGES:** Your **FINANCE CHARGE** will be calculated by applying the monthly periodic rate listed in the Table of Charges to your Average Daily Balance of Purchases, including current transactions. This rate is 1/12 of the **APR** listed in the Table of Charges. You will not be assessed a **FINANCE CHARGE** on Purchases if the New Balance shown on your current statement is paid in full within 25 days of the statement date. A **FINANCE CHARGE** will be assessed if the payment is not received by the payment due date. If any day's daily balance for Purchases is a credit balance, we will treat it as a balance equal to \$0 when we add all the daily balances for the billing cycle.

We figure the **FINANCE CHARGE** on the outstanding balance of Purchases by applying the monthly periodic rate to the Average Daily Balance of Purchases. To calculate the Average Daily Balance, we take the beginning Purchases balance each day, add new Purchases and charges, and subtract payments and credits.

Also included in this calculation are the transactions and credits

that were not assessed a **FINANCE CHARGE** on the previous billing cycle. This gives the daily balance of Purchases. Then, we add the daily Purchase balance for each day in the billing cycle and divide by the number of days in the billing cycle. This gives the Purchases Average Daily Balance. There will be a Minimum **FINANCE CHARGE** when a **FINANCE CHARGE** is imposed. The addition of this Minimum **FINANCE CHARGE** may cause your **APR** to exceed the nominal **APR** listed in the Table of Charges. See the Table of Charges for the minimum **FINANCE CHARGE** amount.

**AUTHORIZATIONS:** Some transactions require our prior authorization. Bank may limit the number of authorizations we give in a day. Bank may deny authorization if you are delinquent, if Bank suspects fraudulent activity or for other reasons. You are liable for any transaction Bank authorizes, even if Bank should not have authorized it, because you are or would be delinquent as a result of the transaction.

**ESTABLISHED CREDIT LIMIT:** You agree to keep the total balance on your account within the credit limit established by Bank. Bank may change your credit limit at any time. Bank may, but is not required to, approve transactions that exceed your available credit limit. If your account balance exceeds your credit limit and you fail to pay the entire minimum monthly payment shown on your next monthly statement, which will include all sums necessary to reduce your balance to your credit limit as required in the Payments section of this Agreement, your account will be reported as delinquent and past due on your next monthly statement. At Bank's discretion, you will not be permitted to access the amount of credit in your account equal to the amount of any check you send to the Bank as a payment for a period of 15 days from the date your payment was posted to your account.

**IMMEDIATE REPAYMENT/TERMINATION OF ACCOUNT:** Bank may declare the entire amount of your account immediately due and payable, subject to provisions of law, upon the occurrence of one of the following events: (1) your account is delinquent or past due, (2) your account balance exceeds the established credit limit, (3) you are in default with other creditors, or (4) upon your death, bankruptcy or insolvency. Bank may, at its sole discretion, reduce your credit limit, decline to make further advances on your account, revoke or close your account, or change the **APR** and/or fees. If you do not use your account at least once in 12 months, Bank may, as permitted by applicable law, close your account. If your account is closed, you remain responsible for paying any amounts owed on the account according to the terms of this Agreement.

**AMENDMENTS:** This Agreement may be amended by Bank at any time.

**LATE PAYMENT FEE:** A late payment fee of \$15 will be debited to your account if your payment is not received by the payment due date shown on the most current statement.

**COPY AND RETURN CHECK FEES:** Unless a billing error has been disclosed in your monthly statement, your account may be debited as a purchase for each copy requested by you of a sale, refund or each page of a photographic copy of a monthly statement and for each payment you make on your account with an insufficient funds check. These charges are listed in the Table of Charges.

**UPDATED FINANCIAL INFORMATION:** Bank may request from consumer reporting agencies from time to time new consumer credit reports on you or request new financial information directly from you for the purpose of updating Bank's records. Bank may rely on the contents of such reports or other empirically derived financial information to close your account or reduce the credit line on your account.

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**MedCharge.**

MedCharge offers our patients the option of convenient, long-term payments for all their medical services.

Via Christi  
**MedCharge**

1065 2394 7580 2368  
JENNIFER DOE



**MedCharge is ideal for:**

- frequent visits to family practice clinics
- recurring outpatient treatment
- inpatient deductibles and co-insurance

*(continued from the inside)*

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due. If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is. If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

#### PRIVACY POLICY FOR CUSTOMERS

INTRUST Bank does not share or sell information about our customers to outside companies. The only information we provide is that which is required to provide products and services on your behalf. In every case in which information is provided, the companies are obligated to use the information as contracted and to keep this information confidential. We are proud of our long-standing policy to not share or sell information about our customers. We realize the significant value of our customer relationships and would not, in any way, jeopardize your privacy and confidentiality. The privacy policy is provided to you as required by Federal law. It simply documents for you our long-standing privacy practices. If you have any questions after reviewing this policy, please do not hesitate to contact us at 888-895-2265 (316-383-1282 in Wichita).

#### WHAT INFORMATION WE COLLECT

We collect "nonpublic personal information" about you from the following sources:

- information we receive from you on applications, other forms, or visits to our Internet Web site, such as Social Security number, assets, income and debts;
- information about your transactions with us, our affiliates or others, such as account balance, payment history, parties to transactions, and credit card usage;
- information we receive from third parties, i.e., credit bureaus, such as your creditworthiness and credit history;
- information from other outside sources for the purpose of verifying representations made by you, such as employment history, loan or credit card balances or your property insurance coverage; and
- other general information we obtain about you such as demographic information.

"Nonpublic personal information" is information about you that we obtain in connection with providing a financial product or

service to you that is not available publicly. For example, nonpublic personal information includes information regarding your account balance, payment history and overdraft history.

We will always limit our collection of information to that which we believe is necessary to conduct our business properly, provide excellent service to you, and to offer you additional products and services that we believe will be of interest to you.

#### WHAT INFORMATION WE DISCLOSE

##### *Sharing of Information with Nonaffiliated Third Parties*

We do not sell nonpublic personal information to anyone, and do not disclose nonpublic personal information about our customers or former customers to anyone, except as permitted by law. A nonaffiliated third party is a third party that is not a member of our corporate family.

##### *Sharing Information with Companies that Work for Us*

We may disclose all of the information we collect, as described above, to nonaffiliated third parties (i.e., third parties that are not members of our corporate family) that provide products and services for us. These companies perform marketing services on our behalf, supply products and services to you (such as check printing and data processing companies), or are other financial institutions with which we have joint marketing agreements. All of these companies are obligated to use the information we collect only for the services we have asked and to keep this information confidential.

##### *Sharing Information in Other Situations*

In other circumstances permitted by law, we may share information we collect with nonaffiliated third parties. These include the sharing of information:

- to government entities when required by law, such as in response to a subpoena or similar legal purpose;
- to credit bureaus;
- to assist us in servicing your loan or account with us; and
- in connection with the sale of your account and related customer database to another financial institution, such as the sale of mortgage servicing rights.

##### *Sharing Information with Our Affiliates*

INTRUST Bank is made up of a number of companies called affiliates. This family of companies works together to provide the products and services you want and need (a list of these affiliated companies is found at the end of this Privacy Policy). We are permitted under law to share information about our experiences or transactions with you or your account (such as your account balance and your payment history with us) with these affiliates. We also may share additional information about you or your account (such as information we receive from you in applications and information from credit reporting agencies) with our affiliates. You may instruct us not to share this information (other than information related to your account history and our experiences with you) with our affiliates by either writing us at INTRUST Bank, N.A. Fair Credit Reporting Act Opt-Out, P.O. Box 433, Wichita, KS 67201 or calling us toll-free at 888-895-2265 (316-383-1282 in Wichita). Please make sure you include, with your request, whether you make it by mail or telephone, your entire name, full address, Social Security number, telephone number and account number. If your account is a joint account, please include the name and Social Security number for each account owner who also does not want us to share this information.

We may receive medical information, such as information related to your past or present physical health or condition, if you apply for insurance from us. This information is shared only with those affiliates who require access to this information in order to process the application or provide the services you have requested. Additional standards of confidentiality protect information related to trust and fiduciary services.

If you decide to close your account or become an inactive customer, we will continue to adhere to the privacy policies and practices described in this notice.

#### OUR SECURITY PROCEDURES

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

#### CHANGES TO THIS PRIVACY POLICY AND AFFILIATES

We will provide notice of this Privacy Policy to you on an annual basis as long as you remain a customer. This Privacy Policy and the names of affiliates may change from time to time, but you can always review the current policy and list of affiliates on our Web site at [www.intrustbank.com](http://www.intrustbank.com) or call our toll free number at 888-895-2265 (316-383-1282 in Wichita) and request a copy.

#### AFFILIATES OF INTRUST BANK, N.A.

INTRUST Financial Corporation

#### TABLE OF CHARGES

<b>Annual Percentage Rate (APR)</b> (As of May 1, 2007)	<b>14.15%*</b> The monthly periodic rate is 1.18%, which is 1/12 of the APR.
<b>Variable Rate Information</b>	The APR is determined by adding percentage points (the "Margin") to the variable rate Index which is the Prime Rate**. The Margin is 5.9 percentage points.
<b>Minimum Finance Charge</b>	There will be a Minimum FINANCE CHARGE of \$.50 in any billing cycle in which a FINANCE CHARGE of less than \$.50 would otherwise be imposed.
<b>Grace Period</b>	You have a grace period of 25 days on purchases before a FINANCE CHARGE is imposed.
<b>Method of Computing The Balance For Purchases</b>	Two-cycle average daily balance (including new purchases).
<b>Other Charges</b>	Copy of monthly billing statement: \$3 Copy of merchant sales slip: \$5 Return Payment Fee: \$29 Late Payment Fee: \$15 Annual Fee: None

\*We may change the above rates, fees and other cost information at any time in accordance with applicable law and the attached MedCharge Agreement.

\*\* The Prime Rate Index is the rate published in the Wall Street Journal as of the last day each month and any change in the Index will cause the APR to be adjusted on the first day of the following month. The Index will never be less than 5%.

Patient Name \_\_\_\_\_ Patient Account Number \_\_\_\_\_

#### PLEASE TELL US ABOUT YOURSELF

If you intend to apply for joint credit, you must initial here:

Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

First Name \_\_\_\_\_

MI \_\_\_\_\_

Last Name \_\_\_\_\_

Your Home Address Number and Street \_\_\_\_\_

Apt No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Rent

Own

Other

Years At Current Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone and Area Code \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Business Name or Employer \_\_\_\_\_

Position \_\_\_\_\_

Years at Current Job \_\_\_\_\_

Business Phone and Area Code \_\_\_\_\_

\*Gross Monthly Household Income \_\_\_\_\_

\*Alimony, child support or separate maintenance income need not be disclosed if you are not relying on it to establish creditworthiness.

#### TELL US ABOUT YOUR CO-APPLICANT

First Name \_\_\_\_\_

MI \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Business Name or Employer \_\_\_\_\_

Position \_\_\_\_\_

Business Phone and Area Code \_\_\_\_\_

\* Total Income Not Included Above \_\_\_\_\_

#### PLEASE SIGN APPLICATION

Your credit will be approved by Via Christi Inc., Via Christi will assign your account to INTRUST Bank, N.A., 105 N. Main, Wichita, KS 67202. A complete MedCharge Agreement is attached to this application. If you are not satisfied with the terms of the Agreement, you can rescind your Agreement by not using the account and calling us at 1-800-222-7458 within 30 days. You certify that the information you give us on the application is correct. You allow us to verify this information with the credit bureau or other persons or companies and obtain information from them about you to determine your eligibility for credit, renewal of credit and future extensions of credit. Our companies with section 326 of the USA Patriot Act. This law mandates that we verify certain identifying information about you while processing your account application.

Please sign here X \_\_\_\_\_

Applicant's Signature

Date

I agree to be jointly and severally liable with the applicant on this account.

Please sign here X \_\_\_\_\_

Co-Applicant's Signature

Date