Patient Financing

- Low Monthly Payments
- No Pre-Payment Penalties
- No Credit Check
- Extended Payment Arrangements

Pay for the Care You Need

Don't let those medical expenses such as deductibles and out-of-pocket balances stop you from getting the medical treatment you need but can't afford to pay.

With a HealthFirst Financial payment plan, you can make monthly payments within your budget over a longer period of time.

Forks Community Hospital has partnered with HealthFirst Financial to give patients an affordable low interest option for resolving out-of-pocket costs.

Apply Today

Contact
Forks Community Hospital

To learn more about the financing options available to you or to find out if you qualify, please contact Forks Community Hospital at:

(360) 374-6271

530 Bogachiel Way
Forks, WA 98331

Who is HealthFirst?

HealthFirst Financial offers a long term payment solution to patients who need a simple and convenient way to pay their medical expenses.

HealthFirst Financial partners with healthcare professionals nationwide.

www.healthfirstfinancial.com

Forks Community Hospital
"Pioneers in Rural Health Care"

A Plan For Every Patient

Monthly Payments You Can Afford

HealthFirst℠
FINANCIAL

A HAWES FINANCIAL GROUP COMPANY

Low Interest Medical Financing

HealthFirst℠ FINANCIAL

A HAWES FINANCIAL GROUP COMPANY

For more information, please contact Forks Community Hospital.

Application for HealthFirst Financing

Please mail the completed application to Forks Community Hospital

530 Bogachiel Way, Forks, WA 98331 | Phone: (360) 374-6271

Primary Applicant

Last Name | First Name | MI | SSN | DOB | Phone

Address | Address 2 (optional) | City | State | Zip Code

Employer Name | Employer Address | City | State | Zip Code

Employer Phone | Amount Requested | Desired Monthly Due Date

Co-Applicant (if applicable)

Last Name | First Name | MI | SSN | DOB | Phone

Address | Address 2 (optional) | City | State | Zip Code

Employer Name | Employer Address | City | State | Zip Code

Employer Phone

Signature of Applicant

(Please Do Not Print) Date

Signature of Co-Applicant (if applicable)

(Please Do Not Print) Date

Account Numbers

Write your Forks Community Hospital Account Numbers in the box below.