MaineHealth

Hello,

Paying for your healthcare can cost a lot. We want to make sure you get all the help you need. With this letter is an application for Financial Assistance. You can still apply for Financial Assistance even if you have insurance. It can help you pay for costs such as co-pay, deductibles or co-insurance.

Eligibility is based on your annual income, which is determined by your gross income (total income before any deductions) that your household received in the last 3 months.
Please complete and return the application with all requested supporting materials per the instructions on the last page of this document. Here are some examples of proof of income:

- Most recent federal tax return, if you were required to file.
- Most current 13 consecutive weeks of pay stubs. Depending on your income, this may be:
    - o 13 pay stubs if paid weekly
    - o 7 pay stubs if paid bi-weekly
- If self-employed, last 3 months itemized profit & loss statement
- Current year's Social Security Benefit letter/pension statement, etc.
- Current General Assistance letter
- Unemployment or compensation benefits statement
- Other proof of income you have received in the past 3 months, such as child support, alimony, stipends, lottery winnings, or bonuses
- No income? Provide a notarized statement explaining your current situation and how you are being supported. If you are living off savings, provide your last 3 months of bank statements.

If we need more information to complete this process we will contact you. Once we get all your information, you can expect to hear from us within 30 days. **Approval is not a guarantee of financial assistance, some exclusions do apply.**

Please note that during this process your **accounts will not be held** and they will continue to age. You must **stay engaged** in this process, providing additional information when requested to prevent possible collections. Payment plans require a credit card or banking information on file for monthly payment plan processing.

If you have any questions, please contact our office toll-free at **(866) 804-2499**.

Thank you,
MaineHealth Patient Financial Services

MaineHealth

NOTICE

Free Medical Care for Those Unable to Pay — 2024

Maine law requires that free medical care must be provided to Maine residents with income less than 150 percent of the federal poverty level. MaineHealth provides full free care to all patients **at or below 200 percent** of the poverty level. New Hampshire residents who receive care at Memorial Hospital and/or other associated MaineHealth physician practices may also qualify for the free care program.

FAMILY SIZE	150%	200%
1	$22,590.00	$30,120.00
2	$30,660.00	$40,880.00
3	$38,730.00	$51,640.00
4	$46,800.00	$62,400.00
5	$54,870.00	$73,160.00
6	$62,940.00	$83,920.00
7	$71,010.00	$94,680.00
8	$79,080.00	$105,440.00
Each Additional	$8,070.00	$10,760.00

To apply for financial assistance, please contact us at:

Patient Financial Services office toll free at 866-804-2499 during normal business hours Monday through Friday 8 a.m.-4:30 p.m.

Charges Will Not Exceed Amount Generally Billed to Medicare

If you are approved for financial assistance under our policy and your approval does not cover 100 percent of our charges for the service, you will not be billed more for emergency or other medically necessary care, than the amount generally billed to patients having insurance.

Only necessary medical care is given as free care. If you do not qualify for free medical care, you may ask for a fair hearing. We will tell you how to apply for a fair hearing.

MaineHealth

MaineHealth Financial Counseling

Request for Financial Assistance or Extended Payment Plan

I am applying for: Financial Assistance ❑ Extended Payment Plan ❑ Both ❑

Applicant Information

First Name	Last Name	DOB
Address	City/State/Zip	Phone
Marital Status (*Optional*)	Employer (List all for the last 3 months)	Start Date and Salary

Spouse/Co-Applicant Information (Married or Registered Domestic Partners Only)

First Name	Last Name	DOB
Phone #	Employer	Start Date and Salary

Dependents (All Applicants Under 18 Years of Age and Currently Residing with Applicant)

Name	DOB	Relationship to Applicant	MaineCare ID #

Household Income

Applicant and their household must provide previous year's complete federal tax return, or notarized statement claiming no income.

If Household Receives:	Amount per Month:	Applicant Must Provide:
Earnings/wages from employer(s)	$	Last 13 weeks or last 12 months of paystubs or pay detail report from each job showing gross income AND previous year's complete Federal tax return.
Self Employed/Rental income	$	Last 3 months or 12 months profit and loss statement AND previous year's complete federal tax return.
Unemployment, STD, LTD or workers' comp benefits	$	Weekly Claims report showing last 13 weeks or 12 months gross income OR pay detail from employer showing disability payment.
Social Security or SSDI	$	Current year benefit letter. To request a copy of your benefit letter, call 1-800-772-1213 or visit www.ssa.gov. **1099 Form not accepted**
Retirement or Pension Benefits	$	Benefit letter or statement (401K, IRA, etc.) showing gross amount distributed.
General Assistance	$	Current month General Assistance benefits letter.
No income for the last 3 months	$	Notarized statement explaining the support you are receiving, signed by the person providing the support. If living off savings, you will also need to provide 3 months of bank statements.
Alimony/Child Support	$	Copy of court order OR 3 months of cashed checks/receipts.
Dividends/Interest	$	Quarterly dividend statements OR 3 months' bank statements.
Other	$	Lottery winnings, non-wage earnings, cash for odd jobs, etc. for the last 3 months

Please turn to other side of form.

MaineHealth has resources to help you:

Maine & New Hampshire residents may be referred to the MaineHealth Patient Assistance Team to be screened for MaineCare/NH Medicaid or other state and federal programs. You may contact us directly for more information at 1-833-644-3571.

Maine residents may also apply for MaineCare by calling **1-800-442-6003** or visit **https://www.maine.gov/benefits/accounts/login.html**

New Hampshire residents may also apply for NH Medicaid by calling **1-603-447-3841** or visit **https://nheasy.nh.gov**

***EXPENSES ARE NOT NEEDED IF YOU ARE ONLY APPLYING FOR FINANCIAL ASSISTANCE.**

Extended Payment Plan Only **Monthly payment requested: $_____**

To justify an extended payment plan, please include the following information related to household expenses

Please list all monthly expenses that apply to applicant's household:

Expense:	Monthly Payment:	Expense:	Monthly Payment:	Expense:	Monthly Payment:
Housing (mortgage/rent)	$	Gas/Oil (Heat)	$	Credit Cards	$
Property Taxes	$	Personal/ Home Equity Loan	$	Medical Bills	$
Homeowners/ Renter's Insurance	$	Child Care	$	**Additional Expenses:**	-
Utilities:	-	401K/403B (If deducted from pay check do not add)	$		$
Home/Cell Phone	$	Auto Loan	$		$
Electricity	$	Auto Insurance	$		$
Water/Sewer	$	Gasoline for Vehicle	$		$
Cable/Satellite	$	Groceries/Household Goods	$		$
Internet	$	Pet Costs	$		$

You may send your completed application form and documents to:

Mail to:	Fax to:	Apply and upload documents on MyChart:
MaineHealth - PFS **Attn: Financial Counseling** 22 Bramhall Street Portland, ME 04102	(207)-661-8043	mychart.mainehealth.org

Please remember to include a copy of your proof of income documents.

I affirm that the given information, including income, is true and correct to the best of my knowledge. I understand that the information which I submit concerning my annual income and family size is subject to verification by MaineHealth. I also understand that if any of the information which I submit is determined to be false, such determination will result in a denial of providing services as Financial Assistance, and that I will be liable for charges for services provided.

Applicant Signature_____ _____ ***Co-Applicant Signature***_____ _____

Date ***Date***

For questions regarding this application, please contact our Customer Service team toll-free at (866) 804-2499.