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 4 weeks.

Please complete and return the application with all requested supporting materials.

Here are some examples of proof of income:

- Most recent federal tax return, if you were required to file.
- Most current 4 consecutive weeks of pay stubs. Depending on your income, this may be:
- 4 pay stubs if paid weekly
- 2 pay stubs if paid bi-weekly
- If self-employed, latest month's itemized profit & loss statement
- Current year's Social Security Benefit letter/pension statement, etc.
- Current General Assistance letter
- Unemployment or compensation benefits statement for the last 4 weeks
- Other proof of income you have received in the past 4 weeks, such as child support, alimony, stipends, lottery winnings, or bonuses
- No income? Provide a statement explaining your current situation and how you are being supported.

If all documentation is included with your application, you can expect to hear from us within 45 days. **Approval is not a guarantee of financial assistance; some exclusions do apply.**

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

Free Medical Care for Those Unable to Pay — 2026

Maine law requires that free medical care must be provided to Maine residents with income at or less than 200 percent of the federal 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	200%
1	$31,920.00
2	$43,280.00
3	$54,640.00
4	$66,000.00
5	$77,360.00
6	$88,720.00
7	$100,080.00
8	$111,440.00
Each Additional	$11,360.00

To apply for financial assistance, please contact us at: Patient Financial Services office toll free at 866-804-2499 during normal business Monday through Friday 8 a.m.-4:30 p.m.

Scan QR code to apply or learn more

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.

Free Care Exclusions/Limited Services

- Cosmetic Surgery, a procedure performed for the sole purpose of improving the appearance of the patient (excluding reconstructive surgery) is not covered by free care.
- Bariatric Surgery is covered by Free Care if the physician provides a written statement of medical necessity.
- Dental Surgery, a procedure performed for the sole purpose of removing infected or impacted teeth, is covered by Free Care only if the physician provides a written statement of medical necessity.
- Procedures related to infertility are not covered by Free Care
- Procedures related to sterilization are covered by Free Care only if the physician provides a written statement of medical necessity.

Financial Assistance Policy

The MaineHealth Financial Assistance policy can be found on our website at MaineHealth.org under Financial Assistance. Copies are also available at the following locations:

- *MaineHealth Behavioral Health at Spring Harbor, 123 Andover Road, Westbrook, ME 04092*
- *MaineHealth Franklin Hospital, 111 Franklin Health Commons, Farmington, ME 04938*
- *MaineHealth Lincoln Hospital, 35 Miles Street, Damariscotta, ME 04543*
- *MaineHealth Lincoln Hospital, 6 St. Andrews Lane, Boothbay Harbor, ME 04538*
- *MaineHealth Maine Medical Center Biddeford, 1 Medical Center Drive, Biddeford, ME 04005*
- *MaineHealth Maine Medical Center Portland, 22 Bramhall Street, Portland, ME 04102*
- *MaineHealth Maine Medical Center Sanford, 25 June Street, Sanford, ME 04073*
- *MaineHealth Memorial Hospital, 3073 White Mountain Highway, North Conway, NH 03860*
- *MaineHealth Mid Coast Hospital, 123 Medical Center Drive, Brunswick, ME 04011*
- *MaineHealth Pen Bay Hospital, 6 Glen Cove Drive, Rockport, ME 04856*
- *MaineHealth Stephens Hospital, 181 Main Street, Norway, ME 04268*
- *MaineHealth Waldo Hospital, 118 Northport Avenue, Belfast, ME 04915*

The MaineHealth Financial Assistance policy is available in English, Arabic, Chinese (Simplified), French, Portuguese, Somali, Spanish and Vietnamese.

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 4 weeks)	Start Date & Salary

Spouse/Co-Applicant Information (Married/registered domestic partners)

First Name	Last Name	DOB
Phone	Employer	Start Sate & Salary

Dependents (All children under the age of 18 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 a statement claiming no income.*

If Household Receives	Amount Per Month	Applicant Must Provide
Earnings/wages from employer(s)	$	Last 4 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	$	Latest month's 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 4 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 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 month	$	Written statement explaining the support you are receiving.
Alimony/Child Support	$	Copy of court order OR 4 weeks of cashed checks/receipts.
Dividends/Interest	$	Quarterly dividend statements
Other	$	Lottery winnings, non-wage earnings, cash for odd jobs, etc. for the last 4 weeks.

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 **maine.gov/benefits/accounts/login.html**
- **New Hampshire** residents may also apply for NH Medicaid by calling **1-603-447-3841** or visit **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 include proof of utility bills and childcare. A copy of 1 month of utility and daycare bills or receipt from business.

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

Expense	Monthly Payment	Expense	Monthly Payment	Expense	Monthly Payment
Housing including property taxes & homeowners/renters' insurance. (mortgage/rent)	$	Gas/Oil (Heat)	$	Credit Cards	$
		Student Loans	$	Medical Bills	$
Utilities:		Child Care	$	**Additional Expenses:**	
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 25 June Street Sanford, ME 04073	207-661-8043 **Website:** **mainehealth.org**	**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: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

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