

NOTICE OF AVAILABILITY OF MEDICAL ASSISTANCE

Financial Assistance Program	Northern Maine Medical Center is required by law to make available a reasonable amount of uncompensated services to persons eligible under applicable US DHHS guidelines. Patient eligibility for medical assistance is granted if the family income is not more than 200% of the current poverty guidelines established by the US Department of Health and Human Services. This program covers emergent and medically necessary services only and does not cover elective services.
Sliding Fee Program	In order to ensure that primary health care is made reasonably available to the people of this area without regard to ability to pay, a Sliding Fee based on family size and income is offered to established NMMC patients and their families. Program applies to: Fort Kent Family Practice, Medical Office Building, Acadia Family Health Center Family Practice and Behavioral Health.

100 % Covered by NMMC 0% Patient Responsibility			75% Covered by NMMC 25% Patient Responsibility			50% Covered by NMMC 50% Patient Responsibility			40% Covered by NMMC 60% Patient Responsibility		
\$0 Office Visit Co-Pay			\$15 Office Visit Co-Pay			\$25 Office Visit Co-Pay			\$40 Office Visit Co-Pay		
150% or Below Income Range			150% to 175% Income Range			175% to 190% Income Range			190% to 200% Income Range		
Household/ Family Size	Minimum	Maximum	Household/ Family Size	Minimum	Maximum	Household/ Family Size	Minimum	Maximum	Household/ Family Size	Minimum	Maximum
1	\$ -	\$ 23,940.00	1	\$ 23,941.00	\$ 27,930.00	1	\$ 27,931.00	\$ 30,324.00	1	\$ 30,325.00	\$ 31,920.00
2	\$ -	\$ 32,460.00	2	\$ 32,461.00	\$ 37,870.00	2	\$ 37,871.00	\$ 41,116.00	2	\$ 41,117.00	\$ 43,280.00
3	\$ -	\$ 40,980.00	3	\$ 40,981.00	\$ 47,810.00	3	\$ 47,811.00	\$ 51,908.00	3	\$ 51,909.00	\$ 54,640.00
4	\$ -	\$ 49,500.00	4	\$ 49,501.00	\$ 57,750.00	4	\$ 57,751.00	\$ 62,700.00	4	\$ 62,701.00	\$ 66,000.00
5	\$ -	\$ 58,020.00	5	\$ 58,021.00	\$ 67,690.00	5	\$ 67,691.00	\$ 73,492.00	5	\$ 73,493.00	\$ 77,360.00
6	\$ -	\$ 66,540.00	6	\$ 66,541.00	\$ 77,630.00	6	\$ 77,631.00	\$ 84,284.00	6	\$ 84,285.00	\$ 88,720.00
7	\$ -	\$ 75,060.00	7	\$ 75,061.00	\$ 87,570.00	7	\$ 87,571.00	\$ 95,076.00	7	\$ 95,077.00	\$ 100,080.00
8	\$ -	\$ 83,580.00	8	\$ 83,581.00	\$ 97,510.00	8	\$ 97,511.00	\$ 105,868.00	8	\$ 105,869.00	\$ 111,440.00
9	\$ -	\$ 92,100.00	9	\$ 92,101.00	\$ 107,450.00	9	\$ 107,451.00	\$ 116,660.00	9	\$ 116,661.00	\$ 122,800.00
10	\$ -	\$ 100,620.00	10	\$ 100,621.00	\$ 117,390.00	10	\$ 117,391.00	\$ 127,452.00	10	\$ 127,453.00	\$ 134,160.00
11	\$ -	\$ 109,140.00	11	\$ 109,141.00	\$ 127,330.00	11	\$ 127,331.00	\$ 138,244.00	11	\$ 138,245.00	\$ 145,520.00
12	\$ -	\$ 117,660.00	12	\$ 117,661.00	\$ 137,270.00	12	\$ 137,271.00	\$ 149,036.00	12	\$ 149,037.00	\$ 156,880.00
13	\$ -	\$ 126,180.00	13	\$ 126,181.00	\$ 147,210.00	13	\$ 147,211.00	\$ 159,828.00	13	\$ 159,829.00	\$ 168,240.00
14	\$ -	\$ 134,700.00	14	\$ 134,701.00	\$ 157,150.00	14	\$ 157,151.00	\$ 170,620.00	14	\$ 170,621.00	\$ 179,600.00

If you believe you may be eligible for medical assistance and wish to request it, please contact:

**Northern Maine Medical Center
Patient Financial Services Office
(207) 834-1826**

NMMC will make a written conditional determination or a final determination of eligibility as follows: For requests made prior to discharge or prior to receipt of outpatient services, within 2 working days following the receipt of the request. For requests made after the discharge or after receipt of outpatient services, no later than the end of the first full billing cycle following the request. These time frames are contingent upon receipt of all required information.