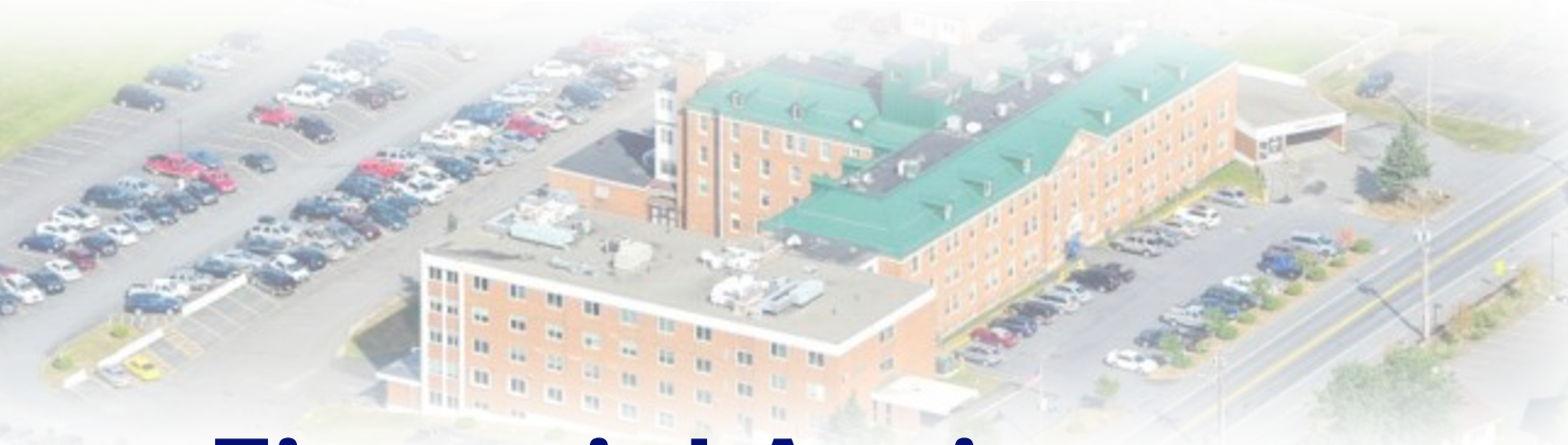
northern maine
MEDICAL CENTER

Care you *count on.*
People you *trust.*



Financial Assistance

Program

Helping You Access the Care You Need.

Northern Maine Medical Center is committed to ensuring that patients receive medically necessary care regardless of their ability to pay. This packet will guide you through the application process for financial assistance.

OUR COMMUNITY
Proudly serving our community and neighbors.

OUR CARE
Compassionate care for every patient.

OUR COMMITMENT
Comrnitted to your heatth and well-being.

OUR PROMISE
Hete to help, every siep of the way.

Questions?

Contact us at 207-834-1826
Or PFS@nmmc.org

We care about you.
We're here to help.

FINANCIAL ASSISTANCE PROGRAM

What is the Financial Assistance Program?

- Northern Maine Medical Center's Financial Assistance Program helps eligible patients reduce or eliminate the cost of medically necessary services.
- Medically necessary services are health care services required to diagnose, treat, or prevent illness or injury and to maintain or restore health.
- Eligibility is based on household income, family size, insurance status, and other program criteria.

FINANCIAL ASSISTANCE	SLIDING FEE SCALE
(Hospital Wide)	(Clinic Based)
• May cover up to **100%** of eligible medically necessary services • Available to all NMMC locations and services	• Provides a **$0** copay for eligible patients • Applies only to select outpatient clinic locations *(Fort Kent Family Practice, Acadia Family Practice, Medical Office Building , Behavioral Health)*

Who May Qualify?

- Applicants must be considered a Maine resident, which includes individuals who:
  - Live in Maine with the intent to remain indefinitely; or
  - Have moved to Maine for permanent, temporary, seasonal, or other employment, or are actively seeking employment in Maine.
- Individuals visiting Maine temporarily as tourists or visitors are not considered Maine residents for purposes of this program.

How is Eligibility Determined?

- Household income must be at or below 200% of the current Federal Poverty Level.
- Eligibility is determined by using your family income at the time your application is submitted.

How to Apply?

- Complete the application & attach the required proof of income documentation.
- Items can be submitted In Person or by Mail, Fax, and Email.

What Happens Next?

- Complete Applications are reviewed promptly upon receipt of a complete application.
- We will notify you if additional information is needed or once a decision has been made.

Need Assistance?

- For questions or help completing your application, please contact the Patient Financial Advocate at **(207) 834-1826** or visit us at the NMMC Switchboard located at the hospital's main entrance.

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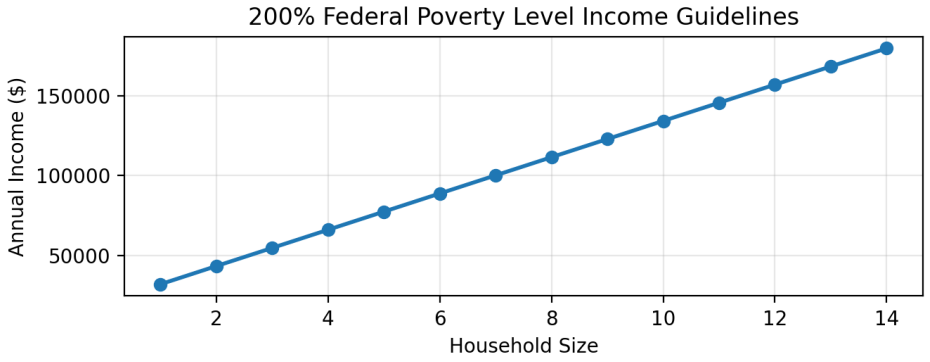
FINANCIAL ASSISTANCE INCOME GUIDELINES

2026 Federal Poverty Level (FPL) Income Guidelines		
Household Size	**Standard FPL**	**200% of Standard FPL**
1	$15,960	$31,920
2	$21,640	$43,280
3	$27,320	$54,640
4	$33,000	$66,000
5	$38,680	$77,360
6	$44,360	$88,720
7	$50,040	$100,080
8	$55,720	$111,440
9	$61,400	$122,800
10	$67,080	$134,160
11	$72,760	$145,520
12	$78,440	$156,880
13	$84,120	$168,240
14	$89,800	$179,600



FINANCIAL ASSISTANCE APPLICATION

Application is for: ☐ Financial Assistance ☐ Sliding Fee Scale ☐ Both

SECTION ONE: PATIENT INFORMATION

Name		Address	
Phone Number	Date of Birth		
Email		# of Dependents	Marital Status (Optional)
Current Health Insurance		Occupation	

SECTION TWO: INCOME INFORMATION

Please provide your most recent tax return or pay stubs for the previous three (3) months.

Income Source	Applicant	Spouse
Wages / Self Employment		
Social Security		
Unemployment		
Pension		
Rental Income		
Other Taxable Income		

SECTION THREE: HOUSEHOLD INFORMATION

Name	Age	Relationship

SECTION FOUR: CERTIFICATION

I certify that the information provided is true and accurate to the best of my knowledge. I understand that Northern Maine Medical Center may verify this information and that providing false or misleading information may result in denial or revocation of financial assistance, may make me financially responsible for services received, and may violate applicable law.

Signature _____ Date _____

ZERO INCOME AFFIDAVIT

This affidavit may be used in place of traditional income documentation when acceptable proof of income is unavailable. Northern Maine Medical Center reserves the right to request additional information or documentation if needed to determine eligibility.

APPLICANT INFORMATION

Name		Address	
Phone Number	Date of Birth		
Email		# of Dependents	Marital Status (Optional)
Current Health Insurance		Occupation	

CURRENT FINANCIAL SUPPORT

Please briefly explain how you are meeting your basic living expenses (housing, food, utilities, transportation, etc.).

CERTIFICATION (please initial)

_____ I am requesting financial assistance based on my current financial circumstances.

_____ I certify that I currently have no source of income, including wages, self-employment, unemployment benefits, Social Security, pensions, retirement income, rental income, public assistance, or other taxable income.

_____ I certify that the information provided is true and complete to the best of my knowledge.

_____ I understand Northern Maine Medical Center may verify the information provided and request additional documentation.

_____ I understand that providing false or misleading information may result in denial or revocation of financial assistance and that I remain financially responsible for services received.

_____ _____

Signature Date

RHC PATIENT NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, Northern Maine Medical Center does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, gender, gender identity, color, national origin, disability, sex, sexual orientation, religion or the inability to pay (or because payment would be made through Medicare, Medicaid, or the Children's Health Insurance plan), age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Northern Maine Medical Center directly or through a contractor or any other entity with which Northern Maine Medical Center arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Right Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

QUESTIONS OR CONCERNS

Northern Maine Medical Center 194 E Main Street Fort Kent, ME 04743 Phone 207-834-3155 State Relay / TDD 207-834-4100 General Email INFO@nmmc.org	
Patient Financial Services	207-834-1826 PFS@nmmc.org
Social Services	207-834-1304
Compliance Hotline	207-834-3155 ext. 1435