

MaineHealth

MaineHealth Patient Assistance Team

In-person Assistance is available at these locations:

Cumberland County

22 Bramhall Street
Portland, ME

241 Oxford Street
Portland, ME

335 Brighton Avenue
Portland, ME

100 Campus Drive
Scarborough, ME

Franklin County

111 Franklin Commons
Farmington, ME

Knox County

22 White Street, 2nd Floor
Rockland, ME

6 Glen Cove Drive
Rockport, ME

Lincoln County

40 Belvedere Road
35 Miles Street
Damariscotta, ME

Oxford County

127 Pottle Road
Oxford, ME

Waldo County

125 & 138 Northport Avenue
Belfast, ME

York County

9 Healthcare Drive, Suite 106
Biddeford, ME

1 Medical Center Drive
Biddeford, ME

25 & 25A June Street
Sanford, ME

13 Industrial Way
Saco, ME

2 Livenell Drive
Kennebunk, ME

Hello,

Paying for your healthcare can cost a lot. We want to make sure you get all the help you need. As part of the Free Care application process, all MaineCare & NH Medicaid eligible applicants are now required to apply for this assistance. We would like to help you apply. A screening process has been developed to assist in determining your eligibility for MaineCare or NH Medicaid. You may receive a phone call or letter from a MaineHealth Patient Assistance Team member to screen for eligibility for these programs.

MaineCare & NH Medicaid are health insurance programs for Maine & NH residents with limited income. It pays for the care you get when you go to the doctor for a yearly well visit or when you are sick, including prescriptions. If you have kids, MaineCare & NH Medicaid will also cover their dental and vision care. MaineCare & NH Medicaid are free, and most services are covered for free or a small copayment.

Please fill out and return the application in the envelope provided. Your most recent year's federal tax return, if required to file, and proof of **all current household income** is required. Here are some examples of proof of income:

- 13 weeks of your most recent consecutive paystubs
- Current year Social Security benefits statement
- Current year Pension statement
- Unemployment or workers compensation benefits statement
- Self-employed must provide an itemized 3 month profit & loss statement along with the most recent federal tax return
- Other proof of income you have received in the past 3 months, such as child support, alimony, stipends, lottery winnings, or bonuses
- General Assistance or other governmental assistance
- If no income in the past 3 months, please provide a notarized letter of financial situation, including how you manage to pay for necessary living expenses and signed by the person providing support (if applicable).

Approval is not a guarantee of financial assistance, some exclusions do apply.

If you have any questions, please contact our office (877)-626-1684.

Thank you,

Patient Assistance Team
MaineHealth Patient Financial Services

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	SSN (last four digits) ____ _
Address	City/State/Zip		Phone
Marital Status	Employer (List all for the last 3 months)		Start Date and Salary
Insurance (if none, indicate N/A)	Policy # (if applicable)		Effective Date (if applicable)

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

First Name	Last Name	DOB	SSN (last four digits) ____ _
Phone #	Employer		Start Date and Salary

In the case that applicant is married but separated from spouse, a copy of the legal separation or divorce filing is required.

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 <u>AND</u> previous year's complete federal tax return.
Self Employed/Rental income	\$	Last 3 months or 12 months profit and loss statement <u>AND</u> 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.

Other Document Requirements

A MaineCare or NH Medicaid determination letter is required if the applicant falls within the below categories:

- Income lower than 138% of the Federal Poverty Level for Maine residents
- Income lower than 133% of the Federal Poverty Level for New Hampshire residents
- Under 21 years of age or over 65 for Maine residents, Under 19 years of age or over 65 for New Hampshire residents
- Blind or disabled (or condition preventing employment in past year).
- Currently pregnant or applying for dependents.

Maine residents may be asked to apply for MaineCare and referred to the MaineHealth Access to Care team to assist you with this process. You may also apply by calling **1-800-442-6003** or visit <https://www.maine.gov/benefits/accounts/login.html>

New Hampshire residents may be asked to apply for Medicaid at your local Department of Health and Human Services. You may also apply by calling **1-603-447-3841** or visit <https://nheasy.nh.gov>

Note: If you have recently applied for MaineCare or NH Medicaid, please send a copy of the determination letter with this application.

Extended Payment Plan

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	\$	Food	\$		\$
Internet	\$	Pet Costs	\$		\$

Send completed application form and documents to:	MaineHealth Patient Financial Services Attn: Financial Counseling 301 Route 1, Suite C Scarborough, ME 04074-9927	Fax: (207) 661-8042
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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 at (207) 887-5100 or toll-free at (866) 804-2499.