

# 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 <b>AND</b> previous year's complete federal tax return.
Self Employed/Rental income	\$	Last 3 months or 12 months profit and loss statement <b>AND</b> 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 1-877-405-1448 or visit <a href="http://www.ssa.gov">www.ssa.gov</a> . <b>1099 Form not accepted</b>
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	\$	<b>Additional Expenses:</b>	-
<b>Utilities:</b>	-	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	\$		\$

<b>Send completed application form and documents to:</b>	<b>MaineHealth Patient Financial Services Attn: Financial Counseling 301 Route 1, Suite C Scarborough, ME 04074-9701</b>	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.**