Northern Light Health

Acadia Hospital
A.R. Gould Hospital
Blue Hill Hospital
CA Dean Hospital
Eastern Maine Medical Center
Inland Hospital
Maine Coast Hospital
Mayo Hospital
Mercy Hospital
Sebasticook Valley Hospital

Date(s) of Service or Account Number(s)*: _____

Application for Financial Assistance

Office Use Only FC Initials: _____

This form serves as your application for financial assistance at the above-listed hospitals. In order to manage your care more effectively, if this single application is approved you will be eligible for assistance at each of these Northern Light Health hospitals. Your completed application will be shared among these hospitals only as permitted or required by law.

PATIENT/APPLICANT		**EMPLOYMENT INFORMATION**	**NOT EMPLOYED?**
NAME:		EMPLOYER NAME:	LAST DATE WORKED:
SSN (optional):	DOB:	HIRE DATE:	
		JOB TITLE:	PLEASE EXPLAIN:
CELL/HOME PHONE:		PHONE:	
ADDRESS:		ADDRESS:	
EMAIL (optional):		MARITAL STATUS (optional):	(Office Use) MR#

FAMILY INFORMATION: For Charity Care eligibility, "family" includes persons related by birth, marriage, or adoption who live together and have legal responsibility for support. Please list family members living in your household	Relationship	DOB	Is this person also applying for Financial Assistance? Yes/No	Annual Income	Current Health Insurance Plan Name	(Office Use) MRN#

HAS ANYONE IN THE HOUSEHOLD APPLIED FOR MAINECARE IN THE PAST 3 MONTHS? _____ IF YES: ATTACH COPY OF DETERMINATION LETTER	IF ANYONE IN THE HOUSEHOLD HAS INSURANCE, PLEASE ATTACH COPY OF CARD(S). IS INSURANCE THRU THE MARKET PLACE? YES/NO

*Accounts will only be eligible for this program if the date of the application for financial assistance is within 240 days of the date of the first statement on each account in question.

Gross Household Monthly Income	Applicant	Co-Applicant
Wages & Salaries		
Rental Income (Native American/Alaskan Indian excluded)		
Social Security Income/Retirement Income		
Self- Employment		
Military/Pension		
Social Security Disability (SSDI)		
Unemployment Benefits		
Alimony (if divorced before 1/1/19)		
TANF or General Assistance		
Stipends (Coaching, Pastors, etc)		
Letter of Support / Aid from Family or Friends		
Other Taxable Income		
TOTAL	**$**	**$**

SIGNATURES:			
PATIENT/APPLICANT	DATE	CO-APPLICANT	DATE

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Financial Application Instructions and Worksheet

Thank you for requesting an application for Financial Assistance at Northern Light Health. There are a few things we must have before a determination can be made. Your application must be complete, with all members of your household included. **Proof of income** for all household members must also be provided. Patients will be assisted in applying for accessible insurance coverage/MaineCare and/or third-party opportunities. You must be a Maine resident as defined by 22 MRSA 1716-A to qualify; non-residents will be considered for emergent care only. **Complete the worksheet below to find out what we need from you.**

✓ **ALL THAT APPLY TO ALL MEMBERS OF YOUR HOUSEHOLD**

IF ANYONE IS…..	✓ **BOX**	**YOU MUST PROVIDE COPIES OF:**
Earning Wages from an Employer before deductions		Most recent paystubs or pay detail report from each job showing last 13 weeks or last 12 months of gross income
Rental Income (Native American/Alaskan Indian excluded)		Last 13 weeks or last 12 months Profit and Loss Statement
Self Employed		Last 13 weeks or last 12 months Profit and Loss Statement
Unemployed Receiving Unemployment Benefits		Weekly Claims Report showing last 13 weeks gross income. To request letter, call 1-800-593-7660 or go to: https://www.maine.gov/labor/unemployment
Alimony or Military Family Allotments		Alimony if divorced before 1/1/19 - Benefits or Award Letter or Last 13 weeks or last 12 months showing gross income/payments
Receiving Short/Long Term Disability Benefits		Benefits or Award Letter showing the last 13 weeks gross income **or last 12 months of gross income** (confirmation letter if pending disability)
Receiving Social Security Income/Disability Income (SSI/SSDI)		Current year award letter. You can request a copy of your benefit letter by calling 1-877-405-1448 (Bangor area) or 1-877-319-3076 (Portland area)
Dividends, interest, royalties from estates or trusts		Last 13 weeks or last 12 months showing gross income/payments
Retired and receiving retirement benefits		Benefit letter or statement (if 401K, IRA, etc) showing last 13 weeks gross income
Receiving TANF or General Assistance payments		Determination letter from Department of Health and Human Services (DHHS)
Not working, but friends or family are assisting you		Provide a letter explaining the support you are receiving, signed by the person providing the support
Student		If you are claimed as a dependent on someone's tax return, you may be asked to provide information regarding their level of support

**Please provide copies of income statements as noted above, originals will not be returned.*

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To be considered for Financial Assistance, patients will be assisted in applying for accessible insurance coverage/MaineCare and/or third-party opportunities.

*Contact your local Department of Health and Human Services (DHHS) at: 1-800-442-6003 or visit: https://www.maine.gov/benefits/account/login.html

Note: If you have recently applied with DHHS, please notify us and forward along a copy of the determination letter once received.

**If DHHS denies you for over income, you may still be eligible under a deductible ("spenddown")*

- Your application must be signed and dated, attesting to the accuracy of the information submitted.
- If you have questions about the application process, please call the telephone number listed on your bill.
- If you fail to provide the required information, your application will be delayed or denied.
- Be advised that any information submitted that is determined to be false will result in a denial of financial assistance and that the applicant will bear financial responsibility for charges for services provided by the hospital.
- Be advised that knowingly submitting false information is unlawful.
- Application Mailing Addresses:

Northern Light Acadia
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Northern Light AR Gould Hospital
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Northern Light Blue Hill Hospital
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Northern Light CA Dean Hospital
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Northern Light Eastern Maine Medical Center
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Northern Light Inland Hospital
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Northern Light Maine Coast Hospital
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Northern Light Mayo Hospital
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Northern Light Mercy Hospital
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Northern Light Sebasticook Valley Health
Cianchette Building, 43 Whiting Hill Rd, Brewer, ME 04412
1-866-750-5001 or 207-973-5000

Non-Discrimination Statement

Northern Light Health and its affiliates (Northern Light Health) comply with applicable civil rights laws and do not exclude or discriminate on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender, gender identity or expression, or language.

Northern Light Health provides free services to help people communicate effectively:

- Qualified language interpreters
- Qualified sign language interpreters
- Information written in other languages
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

If you believe that Northern Light Health or any of its affiliates has failed to provide these services or discriminated in any way, or if you have any questions or need help filing a civil rights, conscience or religious freedom, or health information privacy complaint, you may contact Northern Light Health or the Federal Office of Civil Rights (OCR):

Northern Light Health 1557 Civil Rights Coordinator 43 Whiting Hill Road, Suite 200 Brewer, ME 04412 1-866-769-8363, TTY-711 (Maine Relay) nondiscrimination@northernlight.org privacy@northernlight.org	Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201 1-800-368-1019, 800-537-7697 (TDD) OCRMail@hhs.gov https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Language assistance services, free of charge are available to you. Please let us know your primary language and we will have an interpreter available to assist with your care.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-986-6341 (ATS: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-986-6341 (TTY: 711).

Oromo (Cushite): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-986-6341 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-986-6341 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-986-6341 (TTY: 711).

Tagalog (Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-986-6341 (TTY: 711).

Cambodian (Khmer): បយ័តៈ ◌ប សនិអ កនិយ ◌ខ រ, ◌ស ជនំ◌ួ◌យជក ◌ យមនិគតិឈ ល គ ◌ីច នស ◌ំ ប់បំ◌រ អក ។ ◌ូ រ ទូរស័ 1-888-986-6341 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-986-6341 (телетайп: 711).

Arabic: (رقم1-888-986-6341ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (711 هاتف الصم والبكم:

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-986-6341 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-986- 6341 (TTY: 711)번으로 전화해 주십시오.

Thai: เรียน: ถา◌้

คุณพดูภาษาไทยคณุ สามารถใชบ ้ริการช ่วยเหลือทางภาษาไดฟ้รีโทร1-888-986-6341 (TTY: 711).

Nilotic (Dinka): PIŊ KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atɔ̈kuka lëu yök abac ke cïn wënh cuatë piny. Yuɔpë 1-888-986-6341 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-986-6341 （TTY:711 ）まで、お電話にてご連絡ください。

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-986-6341 (TTY: 711).