

FINANCIAL ASSISTANCE POLICY SUMMARY:

Northern Light Health is committed to treating all patients who need our care regardless of their health insurance or financial status. In addition, we offer services to help you arrange for payment of your bill, from insurance billing to payment plans and financial assistance.

APPLICATION PROCESS:

To apply for financial assistance, or to receive a copy of Northern Light Health's Financial Assistance Policy (FAP) and application by mail, contact your hospital's Patient Financial Services department using the phone numbers or addresses listed at the end of this document, or on the internet at <https://northernlighthouse.org/billing-help>

ELIGIBILITY:

Our hospital facilities must give free care to Maine people with income less than two hundred percent (200%) of the Federal Poverty Level (FPL). Free care for emergency treatment is also available for non-Maine residents. The FPL for 2026 is as follows:

Family Size	100% Assistance for income less than (200% FPL):
1	\$31,920
2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080
8	\$111,440
Each Additional Person	+\$11,360

- You will be asked if you have insurance of any kind to help pay for care. You may also be asked to show that insurance or a government program will not pay for your care. Only necessary medical care is given as free care.
- If you do not qualify for free hospital care, you are allowed to ask for a fair hearing. We will tell you how to apply for a fair hearing.

After the application has been reviewed, a determination of eligibility or non-eligibility will be made and the applicant will be notified of the decision.

Any eligible individual will not be charged more for their medically necessary or emergency care than the amount generally billed (AGB) to individuals who have insurance covering such care.

If the individual is eligible for assistance, the hospital will reverse, when possible, adverse results of any collection efforts and will refund any over-paid amounts to the individual.

In the event of non-payment of any amount determined to be the responsibility of the patient/guarantor, and in the absence of an application for assistance, the hospital may refer the account(s) to an outside collection agency. Such action may result in an adverse entry on the patient's/guarantor's credit rating or the initiation of legal proceedings.

A paper copy of our Financial Assistance Policy is available upon request.

Une copie papier de notre politique d'aide financière est disponible sur demande.

Una copia en papel de nuestra Política de asistencia financiera está disponible a pedido.

Northern Light Acadia Hospital

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 AR Gould 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 Blue Hill 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 CA Dean 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 Eastern Maine Medical Center

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

Northern Light Seabasticook 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): ប្រសិនបើ អ្នកនិយាយ ខ្មែរ, សេវា ជំនួយ ផ្ទាល់មាត់ គ្រប់ ភាសា ឥណ្ឌូ-ឥណ្ឌូ ឥត គិតថ្លៃ គឺ មាន បំណែង

អោយ អ្នក ទាញ ទូរស័ព្ទ 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).

رقم 1-888-986-6341 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان:

Arabic: (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: ถ้า

คุณพูดภาษาไทยคุณ สามารถใช้บริการ ช่วยเหลือทางภาษาได้ฟรีโทร1-888-986-6341 (TTY: 711).

Nilotic (Dinka): PIŊ KENE: Na ye jam në Thuonjan, ke kuony yenë koc waar thook atö kuka lëu yök abac ke cîn

wënh cuatë piny. Yuopë 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).