

## DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE

After reviewing your application dated\_\_\_\_, it has been determined that you are eligible for financial assistance under Cary Medical Center’s Financial Assistance Program.

**Please Note: All inpatient admissions require a new Application for Freecare.  
The Financial Assistance Program does not include all services.**

All qualified services rendered under the Financial Assistance Program are effective for the accounts listed below:

Your Free Care eligibility is for **25%** off your eligible hospital bill(s).

If you disagree with the determination, you may ask for a fair hearing. We can explain how to apply for a fair hearing.

Please contact us at (207) 498-1617 or (207) 498-1371 if you have any questions regarding this acceptance letter.

Sincerely,  
Financial Counselor

*Award Winning Healthcare*



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**EFFECTIVE DATE:** \_\_\_\_\_  
**EXPIRATION DATE:** \_\_\_\_\_

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