



## CARY MEDICAL CENTER FINANCIAL ASSISTANCE PROGRAM

### APPLICATION FOR PARTICIPATION

To apply for Cary Medical Center's Financial Assistance Program, you must complete an application with supporting documentation. A list of required documentation is attached.

If you have any questions, please speak with our financial counselors by visiting our business office at 24 Sweden St. Caribou, ME 04736 or by contacting them at one of the following:

Phone: (207) 498-1125

Toll Free: (800) 858-2279 ext. 1125

Email: [billinghelp@carymed.org](mailto:billinghelp@carymed.org)

Completed applications and all supporting documentation, can be mailed to:

Cary Medical Center  
Attn: Financial Counselors  
163 Van Buren Rd, Suite 1  
Caribou, ME 04736

Or deliver in-person at our Business office: [Click for Map/Directions](#)

24 Sweden St. Suite 101  
Caribou, ME 04736

Your application will not be process unless signed and dated by applicant and/or co-applicant, and all required documentation is submitted.

You will be notified in writing of the determination of your application within four weeks.

*Award Winning Healthcare*

Cary Medical Center, 163 Van Buren RD, Caribou, ME 04736 Phone: (207) 498-3111 or 800-858-CARY (2279) Web: [www.carymedicalcenter.org](http://www.carymedicalcenter.org)



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## Required Documentation

**Income:**

Type of Income	Required Documentation
Wages and Salaries	Most recent Paystubs from each job showing both the last 3 months and last 12 months of gross income.
Self-Employed Income	Last year's tax return and current year business ledger showing gross income.
Social Security	Current year award letter. You can request a copy of your benefit letter by calling 1-877-405-1448.
Unemployment	Unemployment benefit letter or weekly claims report showing current gross income. To request letter, call 1-800-593-7660 or go to <a href="https://gateway.maine.gov/dol/webinq/">https://gateway.maine.gov/dol/webinq/</a>
Worker's Compensation	Workers Compensation benefits or award letter showing gross income
Alimony/Child Support	Determination letter from State or court system
Dividends/Interest/Rental	Rental Income for the past 3 months and past 12 months, statements reporting dividend and interest amounts.
Other: _____	Provide documentation that supports amount reported.

**Other:**

In some cases, we may ask for additional information. This includes, but is not limited to:

- Bank Statements
- Proof of Maine Residency
- Mainecare denial letter
- Other forms for proof of income not listed above
- Letter of support from friends or family

# 1) Patient/Applicant and 2) Significant Other/Co-applicant

## A) All Applicants and/or Co-applicants are required to complete the following:

- Name – Please print the full name including middle initial
- SSN – Please enter individual's social security number
- Date of birth – Please enter individual's birthday
- Cell/Home Phone – Please enter phone number where you can be reached
- Address – please print your mailing address
- Marital Status – please mark single, married, separated, etc.

## B) If Applicant and/or Co-applicant is currently employed, this section is required:

- Employer Name – Please print name of your current employer
- Job Title – Please print your current job title
- Work Phone # - phone number where can reach you at work
- Address – address of your employer
- Hire Date – date on which you begin work with current employer

## C) If Applicant and/or Co-applicant is not currently employed, this section is required:

- Last Date Worked – last date you worked with your last employer
- Please Explain – please explain why you are currently not employed

# 3) Dependents

## To qualify as a dependent, the person needs to be:

- Related by birth, marriage, or adoption
- Reside in the same house
- Legally responsible to support

## For each dependent, please list the following:

- Dependent's Last Name
- Dependent's First Name
- Dependent's Middle Initial
- Relationship between the applicant and dependent (ex. Son, daughter, etc.)
- Dependent's Date of Birth

## 4) Gross Household Income

Please list the **entire household** income, for each category, for the prior 3 months and the prior 12 months.

### **Income Includes:**

- Wages and Salaries – all income related to wages and salaries before any deductions are taken
- Self-employment Income – net receipts from non-farm or farm self-employment (receipts from a person’s own business or from an owned or rented farm after deductions for business or farm expenses)
- Social Security – regular payments from social security, railroad retirement
- Unemployment – unemployment compensation
- Worker’s Compensation – worker’s compensation
- Alimony/Child Support – alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household
- Dividends/Interest/Rental – income from dividends, interest, rents, royalties or periodic receipts from estates or trusts
- Other – this includes but not limited to: net gambling or lottery winnings, training stipends, private pensions, government employee pensions, regular insurance or annuity payments, strike benefits from unions, veteran’s benefits, and public assistance.

### **Income does not include:**

- Capital Gains
- Liquid Assets – including withdrawals from a bank or proceeds from the sale of property
- Tax refunds
- Gifts, loans, and lump-sum inheritances
- One-time insurance payment or other one-time compensation for injury
- Non-cash benefits such as employer-paid or union-paid portion of health insurance or other employee fringe benefits.
- The value of food or fuel produced and consumed on farms and the imputed value of rent from owner occupied non-farm or farm housing
- Federal non-cash benefit programs, including Medicare, Medicaid, Food Stamps, school lunches, and housing assistance.

## 5) Mainecare

Please place a check mark in the appropriate answer to the question, “Have you applied for Medical Coverage through the Department of Health and Human Services?”

If you have applied for Medical Coverage through the Department of Health and Human Services (Mainecare), please include a copy of your denial letter.

If you have not applied, we may require you to apply before we are able to process your Freecare application. Our closest DHHS office is located at 30 Skyway Drive, Caribou, ME 04736 or by calling (207) 493-4000.

[\(click here for information regarding mainecare application\)](#)