



DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE

After reviewing your application dated _____, it has been determined that you are ineligible for financial assistance under Cary Medical Center's Financial Assistance Program.

You have been denied financial assistance for the following reason(s):

- The required information was not provided. You may reapply by furnishing the required information.
- You did not meet the income guidelines established under our program.
- Services are not deemed medical necessary under the Financial Assistance Program.
- Other: _____

You are entitled to a fair hearing. Requests must be made by the applicant or his/her representative, in writing or verbally, to:

Administrative Hearings Unit
Department of Health and Human Services
11 State House Station
Augusta, ME 04333-0111

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

Sincerely,
Financial Counselor

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



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