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