



PATIENT NAME

ACCOUNT NUMBER

RESPONSIBLE PARTY

DATES OF SERVICE

INSURANCE

For questions, information or assistance
Please call (207) 498-1617 or (207) 498-1371

See reverse side for Financial Assistance Program

DATES OF SERVICE	DESCRIPTION	AMOUNT
THANK YOU FOR CHOOSING CARY MEDICAL CENTER		

Online payments can be made at www.carymedicalcenter.org

Paying by check or debit/credit card, please fill out and return this portion with your payment

Due Date

ACCOUNT NUMBER

Please Pay This Amount

Fill out below for debit/credit card payments

-  MASTERCARD  VISA  AMERICAN EXPRESS  DISCOVER

PRINT NAME ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____ SECURITY CODE _____

Please write your account number on your check.
Make check payable to:

**CARY MEDICAL CENTER
163 VAN BUREN RD SUITE 1
CARIBOU ME 04736**



MEDICAL CARE FOR THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE

In accordance with Chapter 150, Section 1 Hospital Finance Rules, Cary Medical Center will provide **Free Care** to residents of the State of Maine whose income falls below the following guidelines:

Federal Guidelines	Family Size	Percentage of Poverty		
		0-190%	191-200%	201-210%
		100% write off	75% write off	50% write off
\$12,140	1	\$23,066	\$24,280	\$25,494
\$16,460	2	\$31,274	\$32,920	\$34,566
\$20,780	3	\$39,482	\$41,560	\$43,638
\$25,100	4	\$47,690	\$50,200	\$52,710
\$29,420	5	\$55,898	\$58,840	\$61,782
\$33,740	6	\$64,106	\$67,480	\$70,854
\$38,060	7	\$72,314	\$76,120	\$79,926
\$42,380	8	\$80,522	\$84,760	\$88,998

For family units larger than 8, add \$4,320.00 per year for each additional person

If you believe you qualify for Free Care, please contact:

Financial Counselors' Office, Phone: (207) 498-1617 or (207) 498-1371
(800) 858-2279 ext. 1617 or 1371
Email address: billinghelp@carymed.org

Before providing financial assistance, the hospital will ask for information about your income and ask you to show verification that insurance or government medical assistance programs will not pay for your care.

Only services that are medically necessary are provided within our Financial Assistance Program.

Individuals can access our application on our website, www.carymedicalcenter.org, or by visiting our financial counselors' office:

24 Sweden Street, Suite 101
Caribou, ME 04736.

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

The above income guidelines are effective March 1, 2018.