



163 VAN BUREN RD STE 1
CARIBOU, ME 04736-3588

March 10, 2026

JOHN Q DOE
1234 MAIN STREET
ALBERT LEA, USA 56007

PATIENT NAME

JOHN Q DOE

ACCOUNT NUMBER

123456789

RESPONSIBLE PARTY

JOHN Q DOE

DATES OF SERVICE

03/06/26 - 03/06/26

INSURANCE

BLUECROSS BLUESHIELD

For Questions or Information, please call
(207) 498-1617

DATES OF SERVICE	DESCRIPTION	AMOUNT
03/06/26 - 03/06/26 ODS	CURRENT CHARGES	2,000.00
	Patient Payment	-150.00
	Amount Paid by Insurance	-1,500.00
	DUE FROM PATIENT: Please Pay This Amount	350.00
	PHYSICIAN SERVICES BILLED SEPARATELY	

Please return this portion with your payment (Allow 7-10 days for postal delivery)

DUE DATE

03/18/2026

ACCOUNT NUMBER

123456789 - JOHN Q DOE

Please Pay This Amount
350.00

Fill out below for credit card payments



Fill out below for check payments

Amount Enclosed: _____ Check #: _____

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

PRINT NAME ON CARD ZIPCODE

CARD NUMBER AUTHORIZATION CODE

SIGNATURE EXPIRATION DATE



CARY MEDICAL CENTER
163 VAN BUREN RD STE 1
CARIBOU ME 04736-3588

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE ()	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
EMPLOYER'S NAME	TELEPHONE ()		
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME	EFFECTIVE DATE
PRIMARY INSURANCE COMPANY'S ADDRESS	PHONE
CITY	STATE ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME	EFFECTIVE DATE
SECONDARY INSURANCE COMPANY'S ADDRESS	PHONE
CITY	STATE ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER



Cary Medical Center
 163 Van Buren Road
 Caribou, ME 04736
 207-498-1617
billinghelp@carymed.org
www.carymedicalcenter.org

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 **Financial Assistance** 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
\$15,960	1	\$30,324	\$31,920	\$33,516
\$21,640	2	\$41,116	\$43,280	\$45,444
\$27,320	3	\$51,908	\$54,640	\$57,372
\$33,000	4	\$62,700	\$66,000	\$69,300
\$38,680	5	\$73,492	\$77,360	\$81,228
\$44,360	6	\$84,284	\$88,720	\$93,156
\$50,040	7	\$95,076	\$100,080	\$105,084
\$55,720	8	\$105,868	\$111,440	\$117,012

For family units larger than 8, add \$5,680 per year for each additional person

If you believe you qualify for Free Care, please contact the Financial Counseling Office at:

Phone: 207-498-1617

800-858-2279 ext. 1617

Email Address: billinghelp@carymed.org

Before providing financial assistance, the hospital will ask for information about your income and ask you to verify 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 Counseling Office located at:

Cary Medical Center

163 Van Buren Road, Suite 1

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 guidelines are effective February 2, 2026.