

Dear Customer,

Thank you for choosing Community Clinical Services and/or the St. Mary's Regional Medical Center for your care. It is our goal to make your experience with us as pleasant as possible.

We share this Plain Language Summary with you as we have been notified that you may require financial assistance for services rendered by St. Mary's Regional Medical Center/ Community Clinical Services. We offer a Free Care program and the FQHC sliding-fee discount for which you may qualify. Free Care and the FQHC sliding-fee discount are for persons or households with income below 200% of poverty who have either no insurance or have out of pocket expenses following insurance approved services and/or payments.

Applicants must be a State of Maine resident and must provide a copy of a valid identification to apply. We also need you to provide proof of income, which is based on a last (13) week period. Acceptable proof of income (but is not limited to) wages, pensions, VA benefits, Social Security, unemployment, and self-employment. You will need to show receipts or other documentation if you are self-employed, you will need to provide the previous year's income tax return. If there is no income, the Limited Income Statement on the application must be completed.

For those applying for Free Care (only), if it is determined that you may qualify for MaineCare, you will be required to apply for MaineCare coverage and, if denied, you will be required to submit the denial letter. If you fail to apply and/or provide the required denial letter, we will be unable to process your application for financial assistance.

If at any time St. Mary's Financial Counselors or Community Clinical Services determines that insurance coverage was active during a favorable eligibility period and the insurance was not disclosed at the time of services, the awarded eligibility period will be reversed and you will be financially responsible for any services incurred.

Please return your signed application, required proof of income, copy of State of Maine residency (ID card, driver's license or other), and/or copy of MaineCare denial letter if required, to our office within 10 days to: **Patient Representative Services/Billing, c/o St. Mary's Regional Medical Center, 93 Campus Avenue, Lewiston, ME 04240.** **Incomplete applications will be returned.** We will review your application and contact you in writing of the decisions regarding the CCS Sliding Fee Scale and/or the St. Mary's Regional Medical Center Free Care Program.

If you are certain that you will not meet the eligibility requirements, or if you have insurance coverage of which we are not aware, or if you wish to set up payment arrangements, please contact our Financial Counselors at (207) 777-8202.

Please be advised that the Free Care and FQHC sliding fee scale covers dates of services 240-days prior to the date of application. The determination for eligibility is effective for 6 months up to 1 year based on the nature of your income. Inpatient admission/services will not be covered if the admission date is longer than 30 days from the date of approval; new assessment and application will be required to be completed. Please note that Free Care includes all providers employed by St. Mary's Regional Medical and the FQHC sliding fee scale includes all providers employed by Community Clinical Services. It does not include services rendered of a non-employed provider such as, but not limited to: Radiologist, Pathologist, Anesthesiologist, or any other physician-related services that is not billed from St. Mary's and/or Community Clinical Services, or on the attached list.

Sincerely,

Patient Financial Counselor
Patient Representative Services/Billing Department shared between CCS & SMHS
207-777-8202

Non covered services under St. Mary's Regional Medical Center Free Care Program

- *Acupuncture
- *Admission Not Certified by Utilization Review
- *Breast Pump Rental
- *Cardiac Rehab Phase III
- *Cat Scans for Lung Screening
- *Child Birth Class
- *Circumcision
- *Cosmetic Surgery; Breast Reconstruction, Breast Reduction/Mastopexy, Removal of Excess Skin and Subcutaneous Tissue of Abdomen, Skin Tag Removal for Cosmetic Purposes, EVLT (Endovenous Laser Treatment) for Cosmetic Purposes.
- *Gastric Bypass, Gastroplasty, Gastric Banding
- *Infertility Services
- *IOP/Intensive Outpatient Patient Behavioral Program(s)
- *Medical Care by Mail, Telephone or Internet
- *Preparation and Duplication of Records, Forms and Reports
- *Private Room(s)
- *Reversal of Sterilization Procedures
- *Services Not Covered by the Primary Insurance/Payer due to Services Not Being Authorized
- *Procedures to alter gender
- *Unauthorized Days Awaiting Placement
- *Weight Management Program

If not noted, St. Mary's Regional Medical Center reserves the right to follow the Medical Necessity and Medically Necessary rules as outlined in the Maine Department of Health and Human Services 10-144, Chapter 101, MaineCare Benefits Manual.

The FQHC Sliding-fee Discount is for new and existing patients of Community Clinical Services, the Federally Qualified Health Center (FQHC). Community Clinical Services offers primary care services with convenient locations in Lewiston and Auburn. If you have Internet access, please visit Community Clinical Services' website at: www.communityclinicalservices.com.

Financial Assistance Program Application
Application for Free Care and FQHC Sliding-fee Discount

Free Care _____ FQHC _____

Patient Information

Patient Full Name			
Address			
Date of Birth	Social Security #	Phone#	Other Phone#
Employer Name			If not employed, date of last day of work:
Insurance, if any			

Additional Family/Household Member Information

Family/Household Member Name	Date of Birth	State of Maine Resident Yes or No	Social Security #	Employed? Yes or No	Health Insurance? Yes or No

Household Income

Household income is REQUIRED for all family members and household individuals noted on the application. Proof of income for the last 13 weeks is required. Acceptable proof of income includes, but not limited to, pay stubs, Social Security benefits, VA benefits, pension, unemployment, TANF, General Assistance, stipends, child support, alimony, workers compensations benefits , rental income, and if self-employed, previous years income tax return, including the Schedule C. If you are being claimed as a dependent on another individual tax return, you must provide their current tax return and most recent paystubs in addition to your own. If you have no source of household income during this time period, the Limited Income Statement below must be completed. Without this information the Free Care application will not be accepted and your application will be denied.

Limited Income Statement

For the purpose of applying for Free Care at St. Mary's Regional Medical Center and/or FQHC Sliding-fee Discount at Community Clinical Services, I have not received any income for the last 13 weeks including but not limited to employment, Social Security benefits, VA benefits, pension, unemployment, TANF, General Assistance, stipends, child support, alimony, workers compensations benefits, rental income, self-employed income and any under the table payments. I acknowledge and agree the statement noted within this Limited Income Statement, and understand that my application will be revoked if found not to be true. By signing this you are agreeing that the information is above accurate and correct.

no income, explain your living situation:

Applicant Signature:

Date:

Financial Assistance Screening <i>(All questions must be answered)</i>	Circle Yes or No
Is the applicant eligible for Medicare?	YES NO
Is the applicant receiving SSDI or SSI (Social Security benefits)?	YES NO
Does the applicant have a mental or physical disability that will prevent him/her from working?	YES NO
Does the applicant have a terminal illness?	YES NO
Does the applicant have minor or dependent children within the same household?	YES NO
Is the applicant or anyone noted on the application pregnant?	YES NO
Is the applicant, family member or anyone in the household eligible for or have MaineCare?	YES NO

Applicant, family member and/or household member MaineCare information, if any.			
Name	MaineCare ID #	Effective Date	Date Verified

Note to Applicants

To be assessed for our Free Care and the FQHC Sliding-fee Discount, applicants must provide the business office with the requested information as outlined and indicated within the application. For Free Care, the applicant will be expected to exhaust all other payment sources (use your health insurance) as a condition for approval. If at any time St. Mary's financial counselors or Community Clinical Services determines that insurance coverage was active during a favorable period and the insurance was not disclosed at the time of services, the awarded eligibility determination period will be reversed and the applicant will be financially responsible for any expenses occurred. The programs are to provide free service and/or a sliding fee discount to those whose income falls below or at the 200% of the Federal Poverty Level. Approved adjustments apply to all balances falling within the eligibility period, excluding services that are found not to be medically necessary; as noted within the facilities policies.

All applications must be completed, signed and returned with proof of income to Patient Representative Services/Billing, c/o St. Mary's Regional Medical Center, 93 Campus Avenue, Lewiston, ME 04240. Incomplete applications will be returned.

Applicant Certification

I certify that all of the above statements are true and accurate to the best of my knowledge. I certify that all individuals noted within this application are legal residents of the State of Maine. Authorization is hereby given to St. Mary's Regional Medical Center and Community Clinical Services to verify any items indicated on this statement in an appropriate manner. If any information I have given proves to be untrue, I understand that St. Mary's financial counselors and Community Clinical Services may re-evaluate my financial status and take appropriate action if necessary.

Applicant Signature: _____ **Date:** _____