

Important!

How the Sliding Fee Discount Program works

What is the Sliding Fee Discount Program?

- Patients in our Sliding Fee Discount Program (SFDP) can get discounts for many services.
- Visit fees are on a sliding scale based on household income and size.
- Federal poverty guidelines set income ranges for this program.
- We can also help you find health insurance options through MaineCare or the Federal Health Insurance Marketplace.
- The Sliding Fee Discount Program is NOT health insurance.

Which services are covered and which are not?

- **Only Pines Health Services (PHS) visits are covered.** This includes visits for PHS primary care, mental health, specialty care, or dental care.
- Specialty care includes Surgical Services, Orthopedics & Sports Medicine, Oncology/Hematology, Urology, Ophthalmology, and Pathology.
- Please call our Financial Counselors at (207) 498-1371 or email billinghelp@pineshealth.org if you have questions about covered services.
- PHS works with other healthcare providers, please ask them if they offer a sliding fee discount program.

How do I apply and get started with the program?

- Ask staff at the front desk for an application or go to www.pineshealth.org to learn more. We also have Financial Counselors that can help you apply. Financial Counselors are located at:
 - Location: 163 Van Buren Road, Suite 1, Caribou, ME 04736
 - Phone: 207-498-1371 or 800-858-2279 ext. 1371, prompt 3
 - Email: billinghelp@pineshealth.org
- Apply at or before the first visit when you are unable to pay. This may be when you are a new patient or when you face hard times, such as losing a job.
- When you apply, please provide all required supporting documentation, as applicable.



SLIDING FEE DISCOUNT PROGRAM APPLICATION

Please fill in all the spaces below. If you do not have an employer or insurance, write "none."

Primary Applicant Name: _____ Date of Birth: _____

Marital Status (optional): _____ Phone Number (Home or Cell): _____

Social Security Number (optional): _____

Mailing Address: _____

Where you live, if different from mailing address: _____

Employer Name: _____ Tax Filer: Yes No

Employer Address: _____

Job Title: _____ Work Phone: _____ Hire Date: _____

If not employed – last date worked: _____ Please explain: _____

If you have insurance, write the name here: _____

Co-Applicant Name: _____ Date of Birth: _____

Marital Status (optional): _____ Phone Number (Home or Cell): _____

Social Security Number (optional): _____

Mailing Address: _____

Where you live, if different from mailing address: _____

Employer Name: _____ Tax Filer: Yes No

Employer Address: _____

Employer _____ Address: _____

Job Title: _____ Work Phone: _____ Hire Date: _____

If not employed – last date worked: _____ Please explain: _____

If you have insurance, write the name here: _____

Total Number of persons in your household: _____ Check if you are a Veteran: (Active or Retired)

How to Apply for the Program:

- ▶ **Household income:**
 - Household income is based on all income earned by members of the home. The chart on page 3 shows income sources and documents needed.
 - Income may include any item listed on the Income Worksheet.
- All required forms and documents must be submitted with this application. You may return forms:
 - ▶ in person to the front desk at the:
Cary Medical Center
163 Van Buren Road, Suite 1
Caribou, ME 04736
 - ▶ fax forms to 207-498-2352
 - ▶ or mail to:
Pines Health Services
PO Box 40
Caribou, ME 04736
- This program may require that you pay a visit fee (co-pay) based on the sliding fee schedule. It is not covered by the program.
- Applications for MaineCare and Maine Breast & Cervical Health are available. We can help you apply by calling our referral coordinator at (207) 498-2356 ext. 2084.
- ▶ This application only applies to the applicants listed and any dependents.
- The application is effective as of the date of service the that initiated the application and is good for one year.
- Application for Mainecare is optional.

We're here to help!

Monday - Friday 8:00am-4:00pm

Call (207) 498-1371 with any questions.

Pines Health Services Financial Counselors can help you with these forms.



SLIDING FEE DISCOUNT PROGRAM APPLICATION

Members of Household & Mainecare Worksheet

Please list names and birthdates for you and all members of your household.

- If you file taxes or you are claimed as a dependent, your household is you and anyone else listed on the tax return.
- If you do not file taxes and are not claimed as a dependent by anyone else, your household is you, your spouse, and your children that live with you.
- For divorced/separated/joint custody parental relationships - dependent children may only be listed on one program application.
- Financially co-dependent unmarried couples living together with mutual children will be counted as one household.
- All married couples will be counted as a household.

First and Last Name	Date of Birth	Relation to You Self, spouse, child, parent, etc.	Gross Income Before deductions	Income Source Job, Social Security, SSI, TANF, etc.
1.				
2.				
3.				
4.				
5.				
6.				

** Please list any additional household members on another sheet of paper.

MAINECARE STATUS – Application to Mainecare is optional

Have you applied for Medical Coverage through the Department of Health and Human Services?

YES _____ NO _____

If yes, what date did you apply? _____



SLIDING FEE DISCOUNT PROGRAM APPLICATION

Income Worksheet

Please provide a copy of your most recent tax return and any other income statements listed below.

IF ANYONE HAS....	✓	Amount paid/ How often	YOU MUST PROVIDE COPIES OF
Wages and Salaries from an employer			Three months of most recent paystubs <i>OR</i> most recent paystub with employee start date and year to date income amount listed.
Self-Employment or Rental Income			Last year's tax return and <i>all</i> supporting schedules. Last 3 months rental receipts to show gross rental income.
Capital Gains, Dividends, Interest			Most recent tax filing
Unemployment Benefits			Unemployment benefit letter or Weekly Claims report showing current gross income. To request a letter, call 1-800-593-7660
Workers' Compensation Benefits			Workers Compensation benefits award letter showing gross distribution.
Short/Long Term Disability Benefits			Most recent pay stubs showing gross income for disability benefits for the last three months.
Social Security or Disability Income (SSI/SSDI)			Current year award letter. You can request a copy of your benefit award letter by calling 866-837-2719.
Retirement benefits			Benefit letter or statement (if 401K, IRA, <u>etc...</u>) showing gross amount distributed.
(or pays) Alimony or Child Support			Record of payments received or copy of the court order. Record of payments paid (bank statement, copy of check, etc.)
TANF			Benefit determination letter
No Income			Statement of support

- I certify that all my answers are correct and complete as far as I know.
- I will tell Pines Health Services about any changes in my health insurance or family income.
- I understand that if I give false information, I will be disqualified from the program.
- I understand that this program is NOT health insurance.

**** Applicant signature date is the effective date.**

Applicant Signature: _____ Effective Date: _____

Co-Applicant Signature: _____ Date: _____



SLIDING FEE DISCOUNT PROGRAM APPLICATION

Statement of Support for Applicants with **No Income**

Patient Name: _____ **Date of Birth:** _____

Please check the box below that applies to you.

Signature of family member, friend or other is required if:

- I do not have income to support myself and either live with someone or have someone who supports my daily living expenses.
- I do not have income to support myself and I am homeless or couch-surfing.
- I do not have income and I am assisted by an agency for housing, food or other daily needs.
- I do not have income and am supported by savings
- I do not have income and am supported solely by Financial Aide (FAFSA)
- I have income to support myself but do not file a Federal Tax Return. Profit & Loss Statement Required.

Signature of shelter or housing staff is required if:

- I do not have income to support myself and am living in a shelter or transitional housing.

Patient Signature

Date

Signature of Family Member, Friend or Other

Relationship to you

Date

Signature of Shelter or Transitional Staff

Date



MEDICAL CARE FOR THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE, (SFDP)

MEDICAL CARE FOR THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE, (SLIDING FEE DISCOUNT PROGRAM)

In accordance with (Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f), and 42 CFR Part 51c.303(u)) for Federally Qualified Health Centers, Pines Health Services will provide **Sliding Fee Discount Program (SFDP)** to residents of the State of Maine whose income falls below the following guidelines:

		Percentage of Poverty				
		0-100%	101-150%	151-175%	176-200%	Over 200%+
BEHAVIORAL HEALTH, MEDICAL & DENTAL		\$0 Fixed Payment	\$25 Fixed Payment	\$30 Fixed Payment	\$35 Fixed Payment	No Discount
SPECIALTY CARE**		100% Discount	90% Discount	85% Discount	80% Discount	No Discount
Federal Guidelines	Family Size*					
\$15,060	1	\$15,060	\$22,590	\$26,355	\$30,120	\$30,120+
\$20,440	2	\$20,440	\$30,660	\$35,770	\$40,880	\$40,880+
\$25,820	3	\$25,820	\$38,730	\$45,185	\$51,640	\$51,640+
\$31,200	4	\$31,200	\$46,800	\$54,600	\$62,400	\$62,400+
\$36,580	5	\$36,580	\$54,870	\$64,015	\$73,160	\$73,160+
\$41,960	6	\$41,960	\$62,940	\$73,430	\$83,920	\$83,920+
\$47,340	7	\$47,340	\$71,010	\$82,845	\$94,680	\$94,680+
\$52,720	8	\$52,720	\$79,080	\$92,260	\$105,440	\$105,440+
Each add'l member*		+5,380				

*For family units larger than 8, add \$5,380 per year for each additional (add'l) member

**Specialty Care includes Surgical Services, Orthopedics & Sports Medicine, Oncology/Hematology, Urology, Ophthalmology, and Pathology

If you believe you qualify for our SFDP, please contact our Financial Counselors' Office:

Phone: (207) 498-1371 or (800) 858-2279 ext. 1371

Email: pinesbillinghelp@pineshealth.org

Before providing financial assistance, Pines Health Services 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.

All services under Behavioral Health, Medical and Dental are provided within our Sliding Fee Discount Program (SFDP). Only services deemed medically necessary are provided within our Specialty Care SFDP.

Individuals can access an application on our website, www.pineshealth.org, or by visiting our Financial Counselors' office located on the Cary Medical Center Campus at: 163 Van Buren Rd, St 1
Caribou, ME 04736

If you disagree with the determination, you may ask for further Administrative review.

The above income guidelines are effective January 22, 2024.

Pines Health Services is an Equal Opportunity Employer and Provider



Patient Information Form

Nondiscrimination Statement for Patients

Discrimination is against the law. PHS complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex (including pregnancy and sex stereotyping), gender identity, sexual orientation, religion or any other characteristic protected by law.

PHS provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). PHS provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact one of our front desks.

If you believe that PHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex (including pregnancy and sex stereotyping), gender identity, sexual orientation, or any other characteristic protected by law, you can file a grievance with Traci Rogers, Chief Operating Officer & Compliance Officer in person (74 Access Highway, Caribou, ME 04736) or by mail (PO Box 40, Caribou, ME 04736), by phone (207) – 498-2356, by fax (207) 492 - 6260, or by email (trogers@pineshealth.org). If you need help filing a grievance our Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1- 800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.htm>.

Language Assistance Services

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística

(Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務

(Cushite) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. (Viet-

namese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn

.ب (Arabic) إذ تن ك ت د ح ت ت ر ك ذ ة غ ل ل ن ف ت ا م د خ ة د ع ا س م ل ل و غ ل ل ا ر ف ا و ت ت ك ل ن ا ح م ل ا ب

(Mon-Khmer, Cambodian) យកចិត្តទុកដាក់ : ប្រសិនបើ អ្នក ក និយាយភាសាខ្មែរ , រសវា ជំនួយ ភាសា ឥត ថ្លៃ ឈុច ង

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang

walang bayad (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung

(Thai) เรขี น: ถาคณพดภาษาไทยคุณสมารถไขบ้ รกั ารช่ว ยเหลออี ทางภาษาไดฟร

(Nilotic*) PINJ KENE: Na ye jam nē Thuɔŋ njaŋ, ke kuɔ ny yenē kɔ c waar thook atɔɔ kuka lëu yök abac ke cìn wënh cuatë piny

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

(Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

Language Assistance Services are free of charge.