

DETERMINATION OF ELIGIBILITY FOR THE PINES ACCESS TO CARE PROGRAM

After reviewing your application dated _____, it has been determined that you have been:

Approved - Effective date: _____ Expiration Date: _____

- 100% discount on Specialty Care services; \$20.00 copay per Primary Care visit
- 90% discount on Specialty Care services; \$25.00 copay per Primary Care visit
- 85% discount on Specialty Care services; \$30.00 copay per Primary Care visit
- 80% discount on Specialty Care services; \$35.00 copay per Primary Care visit

Please Note: The ACCESS TO CARE program does not include all services.

Denied

- You have not provided proper verification of income. You may reapply for the ACCESS TO CARE program by furnishing the required information.
- You do not meet the income and family size guidelines established by the Pines Health Services Board of Directors and Federal guidelines.
- Other _____

Please be sure to reapply for a continuation of eligibility in the ACCESS TO CARE program before the expiration date listed above.

Please contact us at (207) 498-1371, (207) 498-1617, or (800) 858-2279 ext. 1371 or 1617 if you have any questions regarding this letter.

Sincerely,
Financial Counselor

Because Nothing Is More Important Than Your Health