

PINES HEALTH SERVICES SLIDING FEE DISCOUNT PROGRAM

IMPORTANT!

HOW THE SLIDING FEE DISCOUNT PROGRAM WORKS

- Patients in our Sliding Fee Discount Program (SFDP or the Program) can get discounts for many services.
- Visit fees are on a sliding scale based on household income and size.
- Household income is based on all income earned by members of the home. The chart on page 4 shows income sources and documents needed.
- 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.
- This program may require that you pay a nominal fee based on the sliding fee schedule. It is not covered by the program.
- Applicants 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 from the date of the application and is good for one year.

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, and dental care.
- Specialty care includes Surgical Services, Orthopedics & Sports Medicine, Oncology/Hematology, Urology, Ophthalmology
- Please contact our Financial Counselors at the number below to learn more 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.
- 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.
- **Financial Counselors can help you apply and are located at:**

Location: 163 Van Buren Road, Suite 1, Caribou, ME 04736 **Email:** billinghelp@pineshealth.org

Phone: 207-498-1371 or 800-858-2279 ext. 1371, prompt 3 **Mail:** Pines Health Services

PO Box 40

Caribou, ME 04736



**PINES HEALTH SERVICES
SLIDING FEE DISCOUNT PROGRAM APPLICATION**

Applicant Information:

Applicant Name: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Marital Status (optional): _____

Employer Name: _____ Tax Filer (circle): YES or NO

Hire Date: _____ If not employed – last date worked: _____

Please explain if not employed: _____

Insurance Information (if applicable): _____

Are you an active or retired Veteran? (circle): YES or NO

Co Applicant Information (Married/Domestic Partner Information):

Co Applicant Name: _____ Date of Birth: _____
Mailing Address: _____
Phone Number: _____ Marital Status (optional): _____
Employer Name: _____ Tax Filer (circle): YES or NO
Hire Date: _____ If not employed – last date worked: _____
Please explain if not employed: _____
Insurance Information (if applicable): _____
Are you an active or retired Veteran? (circle): YES or NO



Members of Household Information

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.

TOTAL NUMBER IN HOUSEHOLD: _____

Name	Date of Birth	Relationship to Applicant (spouse, child, dependent)	Gross Income (before deductions)	Income Source (SSI, unemployment, job etc.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please list additional household members on another sheet of paper.

MaineCare status (optional)

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

YES or NO

If yes, please list the date you applied: _____

Income Worksheet:

Please provide the following information that is applicable to you and your household:

If anyone in the household has:	✓	Amount Paid/How Often	You must provide copies of:
Wages & Salaries from an employer			Three months of most recent paystubs OR most recent paystub with employee start date & year to date income amount listed.
Self-Employment or Rental Income			Last year's tax return and ALL 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 (SSI/SSDI)			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 (800) 772-1213.
Retirement benefits			Benefit letter or statement (if 401K, IRA, etc...) 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 (attached here)



Statement of Support for Applicants with **no Income** (if applicable):

Applicant Name: _____ Date of Birth: _____

Please check one that applies to you:

A. 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.

B. 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.

A. Signature of Shelter or Transitional Housing Staff: _____

Date: _____

B. Signature of Family Member, Friend or Other: _____

Date: _____

Relationship to applicant: _____

- 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:** _____



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 (PHS) will provide **Sliding Fee Discount Program (SFDP)** to patients 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	0-100%	101-150%	151-175%	176-200%	Over 200%+
\$15,960	1	\$15,960	\$23,940	\$27,930	\$31,920	\$31,920+
\$21,640	2	\$21,640	\$32,460	\$37,870	\$43,280	\$43,280+
\$27,320	3	\$27,320	\$40,980	\$47,810	\$54,640	\$54,640+
\$33,000	4	\$33,000	\$49,500	\$57,750	\$66,000	\$66,000+
\$38,680	5	\$38,680	\$58,020	\$67,690	\$77,360	\$77,360+
\$44,360	6	\$44,360	\$66,540	\$77,630	\$88,720	\$88,720+
\$50,040	7	\$50,040	\$75,060	\$87,570	\$100,080	\$100,080+
\$55,720	8	\$55,720	\$83,580	\$97,510	\$111,440	\$111,440+

**For family units larger than 8, add \$5,680 per year for each additional (add'l) member*

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

If you believe you qualify for SFDP, please contact or visit the Pines Health Financial Counseling Office at:

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

Email Address: billinghelp@pineshealth.org

Address: Cary Medical Center Campus 163 Van Buren Road, Caribou, ME 04736

Website: www.pineshealth.org

Before providing financial assistance, the PHS Financial Counselors 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.

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.

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

The above guidelines are effective January 26, 2026.



Nondiscrimination Statement for Patients

Pines Health Services (PHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy). PHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy). PHS will not discriminate because the individual is unable to pay for the health care services or because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). Pines Health Services provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages
- Provides a Sliding Fee Discount Program

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, or sex (including pregnancy) you can file a grievance with:

Traci Rogers, BSN, RN
CNO/COO
P.O. Box 40, Caribou, ME 04736
Phone: 207-498-2356, ext. 2015
Fax: 207-498-3947
tr Rogers@pineshealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Traci Rogers, RN, Civil Rights Coordinator, 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available
at <https://www.hhs.gov/ocr/complaints/index.html>.

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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*

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

(Arabic) *ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان*

(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) *เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี*

(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 Complimentary