NOTICE

MEDICAL CARE FOR THOSE WHO CANNOT AFFORD TO PAY

In accordance with Chapter 150, Hospital Finance Rules, Section l, this hospital will provide Free Care to residents of Maine whose income falls below the following annual income guidelines:

FAMILY SIZE	100% DISCOUNT	50% DISCOUNT
1	$23,940	$31,920
2	$32,460	$43,280
3	$40,980	$54,640
4	$49,500	$66,000
5	$58,020	$77,360
6	$66,540	$88,720
7	$75,606	$100,808
8	$83,580	$111,440

Add $5,680 each additional person

You can apply for free care at the Financial Counselor's office or any of our Hospital Based Physician offices.

You will be asked if you have insurance of any kind to help pay for your care. You may also be asked to show that insurance or a government program will not pay for your care.

Only necessary medical care is given as free care.

If you do not qualify for free hospital care, you are allowed to ask for a fair hearing. We will tell you how to apply for a fair hearing.

The Hospital also offers a payment arrangement option based on your ability to pay. Please contact the Financial Counselor's office at Millinocket Regional Hospital.

02/06/2026

Application for Patient Free Care/Discount Arrangements

MILLINOCKET
REGIONAL HOSPITAL

Thank you for your interest in our Free Care Program. To assist you in a timely manner and avoid a denied application, please read and follow the listed requirements below.

1. Please return a completed application. Applications must be signed and dated. Incomplete and unsigned applications will not be considered or processed.

2. Must provide proof of income

    a. Recent tax return
    b. Bank statements – 3 months
    c. Paystubs
    d. If no income, please provide a signed letter of support.

<u>Applications will be denied if you do not provide this information</u>

3. Our Free Care/Discounts are valid for 12 months
4. No one will be denied access to services due to inability to pay.

Our office is happy to assist with your financial needs. Please contact us if you have any questions on the application process.

Sincerely,

Collections Representative
(207)723-7247 or (207)723-5161 ext. 369

Mail completed applications to:
Millinocket Regional Hospital
200 Somerset St.
Millinocket, ME 04462

MILLINOCKET REGIONAL HOSPITAL

FREE CARE APPLICATION

APPLICANT

APPLICANT LAST	FIRST	MI
DATE OF BIRTH	HOME PHONE	CELL PHONE
MAILING ADDRESS	CITY	STATE ZIP
CURRENT EMPLOYER NAME & PHONE	POSITION	START DATE
PREVIOUS EMPLOYER NAME & PHONE	POSITION	END DATE

SPOUSE/CO-APPLICANT

APPLICANT LAST	FIRST	MI
DATE OF BIRTH	HOME PHONE	CELL PHONE
MAILING ADDRESS	CITY	STATE ZIP
CURRENT EMPLOYER NAME & PHONE	POSITION	START DATE
PREVIOUS EMPLOYER NAME & PHONE	POSITION	END DATE

HOUSEHOLD INFORMATION

If you share a household with another individual with whom you have a mutual child, you must apply together and provide income information for all of you.

If you are being claimed as a dependent on another individual's tax return, you must provide their current tax return and most recent pay stubs in addition to your own.

CHILDREN OR DEPENDENTS

LAST	FIRST	RELATIONSHIP	DOB	MONTHLY INCOME

GROSS INCOME (BEFORE TAXES) PLEASE LIST ALL TAXABLE & NON TAXABLE INCOME

APPLICANT	PER YEAR	HOUSEHOLD "EARNINGS"	PER YEAR
WEEKLY HOURS	$	WEEKLY HOURS	$
DIVIDENDS/INTEREST	$	DIVIDENDS/INTEREST	$
BUSINESS/SELF-EMPLOYMENT	$	BUSINESS/SELF-EMPLOYMENT	$
SSI, SSDI, SSA	$	SSI, SSDI, SSA	$
WORKERS COMP	$	WORKER'S COMP	$
MILITARY/PENSION	$	MILITARY/PENSION	$
UNEMPLOYMENT	$	UNEMPLOYMENT	$
TANF	$	TANF	$
ALIMONY/CHILD SUPPORT	$	ALIMONY/CHILD SUPPORT	$
OTHER	$	OTHER	$

CONTINUED ON BACK

MILLINOCKET
REGIONAL HOSPITAL

FREE CARE APPLICATION

*ATTACH ANY COMMENTS TO EXPLAIN YOUR FINANCIAL CONDITION IN MORE DETAIL

I attest that I am a Maine Resident and the information I have provided is to the best of my knowledge, true, and accurate. I understand that Millinocket Regional Hospital or any of its agents has the right to verify any or all information provided.

Applicant_____	Co-Applicant_____