

**INDIVIDUAL WRITTEN NOTICE TO ALL PATIENTS
 NOTICE OF AVAILABILITY OF MEDICAL ASSISTANCE**

Northern Maine Medical Center is required by law to make available a reasonable amount of uncompensated services to persons eligible under applicable US DHHS guidelines. Patient eligibility for medical assistance is granted if the family income is not more than 200% of the current poverty guidelines established by the US Department of Health and Human Services. The current income requirements are as follows:

Without Charge - Category A

Size of Family Unit	Family Income Less Than
1	\$20,385
2	\$27,465
3	\$34,545
4	\$41,625
5	\$48,705
6	\$55,785
7	\$62,865
8	\$69,945
Each Additional Member	\$7,080

Reduced Charges - Category B

Family Size	<u>Income Range</u>		<u>Income Range</u>		<u>Income Range</u>		<u>Income Range</u>	
1	\$20,386 to	\$21,744	\$21,745 to	\$23,103	\$23,104 to	\$24,462	\$24,463 to	\$27,180
2	\$27,466 to	\$29,296	\$29,297 to	\$31,127	\$31,128 to	\$32,958	\$32,959 to	\$36,620
3	\$34,546 to	\$36,848	\$36,849 to	\$39,151	\$39,152 to	\$41,454	\$41,455 to	\$46,060
4	\$41,626 to	\$44,400	\$44,401 to	\$47,175	\$47,176 to	\$49,950	\$49,951 to	\$55,500
5	\$48,706 to	\$51,952	\$51,953 to	\$55,199	\$55,200 to	\$58,446	\$58,447 to	\$64,940
6	\$55,786 to	\$59,504	\$59,505 to	\$63,223	\$63,224 to	\$66,942	\$66,943 to	\$74,380
7	\$62,866 to	\$67,056	\$67,057 to	\$71,247	\$71,248 to	\$75,438	\$75,439 to	\$83,820
8	\$69,946 to	\$74,608	\$74,609 to	\$79,271	\$79,272 to	\$83,934	\$83,935 to	\$93,260
Patient's Responsibility	20%		40%		60%		80%	

If you believe you may be eligible for medical assistance and wish to request it, please contact Northern Maine Medical Center's Patient Financial Services Office at (207) 834-3155. NMMC will make a written conditional determination or a final determination of eligibility as follows: For requests made prior to discharge or prior to receipt of outpatient services, within 2 working days following the receipt of the request. For requests made after the discharge or after receipt of outpatient services, no later than the end of the first full billing cycle following the request. These time frames are contingent upon receipt of all required information.