



Financial Assistance

Program

Helping You Access the Care You Need.

Houlton Regional Hospital is committed to ensuring that patients receive medically necessary care regardless of their ability to pay. This packet will guide you through the application process for financial assistance.



OUR COMMUNITY

Proudly serving our community and neighbors.



OUR CARE

Compassionate care for every patient.



OUR COMMITMENT

Committed to your health and well-being.



OUR PROMISE

Here to help, every step of the way.



Questions?

Contact us at 207-521-2227
Or info@hrhospital.org

*We care about you.
We're here to help.*

FINANCIAL ASSISTANCE PROGRAM

What is the Financial Assistance Program?

- Houlton Regional Hospital's Financial Assistance Program helps eligible patients reduce or eliminate the cost of medically necessary services.
- Medically necessary services are health care services required to diagnose, treat, or prevent illness or injury and to maintain or restore health.
- Eligibility is based on household income, family size, insurance status, and other program criteria.

FINANCIAL ASSISTANCE	SLIDING FEE SCALE
(Hospital Wide)	(Clinic Based)
• May cover up to 100% of eligible medically necessary services • Available to all HRH locations and services	• Provides a \$0 copay for eligible patients

Who May Qualify?

- Applicants must be considered a Maine resident, which includes individuals who:
 - Live in Maine with the intent to remain indefinitely; or
 - Have moved to Maine for permanent, temporary, seasonal, or other employment, or are actively seeking employment in Maine.
- Individuals visiting Maine temporarily as tourists or visitors are not considered Maine residents for purposes of this program.

How is Eligibility Determined?

- Household income must be at or below 200% of the current Federal Poverty Level.
- Eligibility is determined by using your family income at the time your application is submitted.

How to Apply?

- Complete the application & attach the required proof of income documentation.
- Items can be submitted In Person or by Mail, Fax, and Email.

What Happens Next?

- Complete Applications are reviewed promptly upon receipt of a complete application.
- We will notify you if additional information is needed or once a decision has been made.

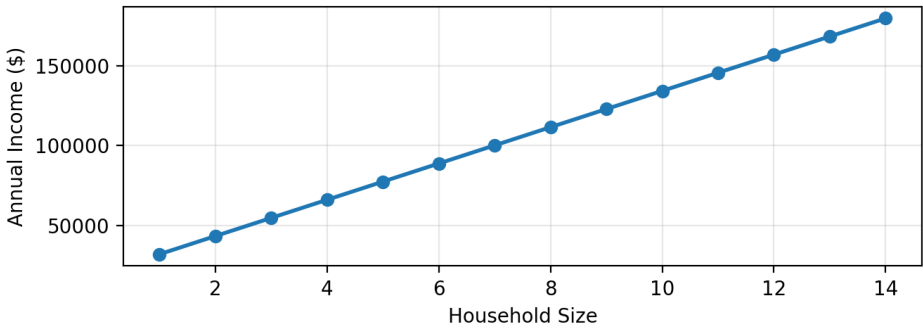
Need Assistance?

- For questions or help completing your application, please contact the Patient Financial Councilors at **(207) 521-2227** or visit us at Houlton Regional Hospital Financial office at Door 7.

FINANCIAL ASSISTANCE INCOME GUIDELINES

2026 Federal Poverty Level (FPL) Income Guidelines		
Household Size	Standard FPL	200% of Standard FPL
1	\$15,960	\$31,920
2	\$21,640	\$43,280
3	\$27,320	\$54,640
4	\$33,000	\$66,000
5	\$38,680	\$77,360
6	\$44,360	\$88,720
7	\$50,040	\$100,080
8	\$55,720	\$111,440
9	\$61,400	\$122,800
10	\$67,080	\$134,160
11	\$72,760	\$145,520
12	\$78,440	\$156,880
13	\$84,120	\$168,240
14	\$89,800	\$179,600

200% Federal Poverty Level Income Guidelines



Household Size	Annual Income (\$)
1	31,920
2	43,280
3	54,640
4	66,000
5	77,360
6	88,720
7	100,080
8	111,440
9	122,800
10	134,160
11	145,520
12	156,880
13	168,240
14	179,600

FINANCIAL ASSISTANCE APPLICATION

Application is for: ☐ Financial Assistance ☐ Sliding Fee Scale ☐ Both

SECTION ONE: PATIENT INFORMATION

<u>Name</u>		<u>Address</u>	
<u>Phone Number</u>	<u>Date of Birth</u>		
<u>Email</u>		<u># of Dependents</u>	<u>Marital Status (Optional)</u>
<u>Current Health Insurance</u>		<u>Occupation</u>	

SECTION TWO: INCOME INFORMATION

Please provide your most recent tax return or pay stubs for the previous three (3) months.

Income Source	Applicant	Spouse
Wages / Self Employment		
Social Security		
Unemployment		
Pension		
Rental Income		
Other Taxable Income		

SECTION THREE: HOUSEHOLD INFORMATION

Name	Age	Relationship

SECTION FOUR: CERTIFICATION

I certify that the information provided is true and accurate to the best of my knowledge. I understand that Houlton Regional Hospital may verify this information and that providing false or misleading information may result in denial or revocation of financial assistance, may make me financially responsible for services received, and may violate applicable law.

Signature

Date



ZERO INCOME AFFIDAVIT

This affidavit may be used in place of traditional income documentation when acceptable proof of income is unavailable. Houlton Regional Hospital reserves the right to request additional information or documentation if needed to determine eligibility.

APPLICANT INFORMATION

<u>Name</u>		<u>Address</u>	
<u>Phone Number</u>	<u>Date of Birth</u>		
<u>Email</u>			
		<u># of Dependents</u>	<u>Marital Status (Optional)</u>
<u>Current Health Insurance</u>		<u>Occupation</u>	

CURRENT FINANCIAL SUPPORT

Please briefly explain how you are meeting your basic living expenses (housing, food, utilities, transportation, etc.).

CERTIFICATION (please initial)

_____ I am requesting financial assistance based on my current financial circumstances.

_____ I certify that I currently have no source of income, including wages, self-employment, unemployment benefits, Social Security, pensions, retirement income, rental income, public assistance, or other taxable income.

_____ I certify that the information provided is true and complete to the best of my knowledge.
_____ I understand Houlton Regional Hospital may verify the information provided and request additional documentation.

_____ I understand that providing false or misleading information may result in denial or revocation of financial assistance and that I remain financially responsible for services received.

Signature

Date

RHC PATIENT NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, Houlton Regional Hospital does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, gender, gender identity, color, national origin, disability, sex, sexual orientation, religion or the inability to pay (or because payment would be made through Medicare, Medicaid, or the Children's Health Insurance plan), age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Houlton Regional Hospital directly or through a contractor or any other entity with which Houlton Regional Hospital arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Right Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

QUESTIONS OR CONCERNS

Houlton Regional Hospital 20 Hartford Street Houlton, ME 04730 Phone 207-532-2900 General Email INFO@hrhospital.org	
Patient Financial Services	(207) 521-2227
Risk Management	(207)-521-2283