



**FOR PVH USE ONLY**

**Penobscot Valley Hospital**

Applicant Name \_\_\_\_\_ **DATE RECEIVED** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

<b>DETERMINATION OF ELIGIBILITY (for hospital use only)</b>	
1. INCOME a. Total income for last 3 mos. b. Total income for last 12 mos.	\$ _____ x 4 = \$ _____ \$ _____
2. SOURCE OF INCOME VERIFICATION:	
3. THE APPLICANT IS  3a. THE APPLICANT IS	[ <input type="checkbox"/> ] Eligible [ <input type="checkbox"/> ] Deferred [ <input type="checkbox"/> ] Ineligible for Charity Care.  [ <input type="checkbox"/> ] Eligible [ <input type="checkbox"/> ] Deferred [ <input type="checkbox"/> ] Ineligible for sliding scale program _____% <b>will be written off once patient has met their responsibility.</b>
4. REASON FOR DENIAL OR DEFERMENT:	
5. DATE OF DETERMINATION OR ELIGIBILITY/DENIAL	

\_\_\_\_\_  
**Signature of Person Making Determination**

Applicant was provided with a copy of determination on: \_\_\_\_\_ **Date**

**NOTICE**

**MEDICAL CARE FOR THOSE WHO CANNOT AFFORD TO PAY (CHARITY CARE)**

**Please Note: Charity Care is not eligible for collection agency accounts.**

Based on poverty income guidelines published 2/2017 from the Department of Human Services, this hospital is required to provide charity care for Residents of Maine whose income falls below the following guidelines. Effective date for Penobscot Valley Hospital is 2/2017

Size of Family Unit	Income Guidelines
1	\$ 18,090.
2	24,360.
3	30,630.
4	36,900.
5	43,170.
6	49,440.
7	55,710.
8	61,980.

Add \$6,270.00 for each member with families over 8 members.

If you believe you qualify for charity care, please complete the required application (available in the Patient Financial Services and Patient Registration Offices) and return to the Patient Financial Office. You may also qualify based on our sliding scale guidelines. To contact a Patient Financial Services Representative, Please call **207-794-7367**.

Before providing charity care, the hospital will ask for information about your income and to show that insurance or a government medical assistance program (**MAINE CARE**) will not pay for your care. If you do not qualify for Financial Assistance, you are entitled to ask for a fair hearing at the above telephone number.

**Elective Care which includes screening tests and preventive services, pain management services and orthopedic services are not eligible for Charity Care/Sliding Scale.**