



CATEGORY A & B Financial Assistance Program at RFGH (and Plain Language Summary)

Redington-Fairview General Hospital (RFGH) follows Maine State Law and provides free hospital service to those individuals who cannot afford to pay under “**Category A Free Care.**” RFGH has an additional program “**Category B**” available, which may provide hospital services at a reduced amount to those individuals who cannot afford to pay. If you believe you qualify for assistance, you may complete an application at the Patient Accounts Office, located at 22 Jones Street, Skowhegan, ME 04976 - the white building in the back parking lot of the hospital, or you may complete the application and mail it to the address listed in the header above. Please note your application may be delayed if complete information is not provided. For a free copy of this Financial Assistance Policy and Financial Assistance Application, you may access them at our website at www.RFGH.net under “Patient Information” then “Billing & Insurance”, or you may call our Patient Accounts Department at (207) 858-8367. Our Patient Accounts Representatives are also available to assist you in completing your application. Our offices are open Monday-Thursday 7:00am-4:30pm and Friday 7:00am-12:00pm.

To complete the application process, you (or your designee) will need to present and provide proof of the following to determine your eligibility for assistance:

- **You will be strongly encouraged to apply to the State of Maine for MaineCare coverage. When you apply, please provide us a copy of the application as well as the determination letter issued to you by MaineCare. RFGH Business Office staff will be available to assist you with applying for MaineCare Coverage. If you do not qualify for MaineCare, you are allowed to ask for a fair hearing. The State Department of Human Services will tell you how to apply for a fair hearing.**
- Your most recent Federal Income Tax Return. If you do not file taxes, you will have to sign a document stating you do not file income taxes.
- Your last three months’ wage stubs or a copy of your wage stub with year to date for a period of at least three months.
- If applying under Category B and self-employed, three (3) months of business checking statements will also be required.
- List of all income including alimony, child support, stocks, bonds, annuities, and rental income.
- Proof of insurance of ANY kind, including Health Savings Accounts/Co-op programs to help pay for your care. You will need to show that your HSA has been fully utilized prior to approval.
- Must complete the Redington Fairview General Hospital Application (which you can obtain in the office or on our website)

To be eligible for free care (Category A) or discounted rates (Category B), your family income must be below the levels listed in the tables below. The hospital will consider the

highest income level available based on the number of dependents claimed on your taxes.

In addition, RFGH will provide you with a final determination of your eligibility for assistance within five (5) working days of your completed application. If you do not qualify for a full 100% RFGH discount under (Category A) or (Category B), a monthly payment plan will be calculated by the Patient Accounts Representative. Any eligible individual will not be charged more for their medically necessary or emergency care than the amount generally billed to individuals who have insurance covering such care. In the event of non-payment of any amount determined to be the responsibility of the patient/guarantor, and in the absence of an application for assistance, the hospital may refer the account(s) to an outside collection agency. Such action may result in an adverse entry on the patient's/guarantor's credit rating or the initiation of legal proceedings.

You will need to sign a payment agreement contract and faithfully complete your payment portion in order to receive the negotiated discount.

All medically necessary services provided by RFGH and its employed providers are eligible for Category A Free Care or Category B discounts.

Services not prior authorized due to failure to supply insurance information are not eligible for free or discounted care. Services that are not medically necessary are not covered under this program and require pre-payment before services are rendered.

REDINGTON-FAIRVIEW GENERAL HOSPITAL										
CATEGORY A & B FINANCIAL ASSISTANCE PROGRAM										
CALENDAR YEAR 2025										
			Discount =							
			100%		75%		50%		25%	
Family	Federal	RFGH 100%								
Size	Poverty	Free Care								
	Guideline	Income	Family	Income Threshold						
		Threshold	Size							
1	\$ 15,650	\$ 23,475	1	\$ 37,560	\$ 43,060	\$ 48,560	\$ 54,060			
2	\$ 21,150	\$ 31,725	2	\$ 45,260	\$ 50,760	\$ 56,260	\$ 61,760			
3	\$ 26,650	\$ 39,975	3	\$ 52,960	\$ 58,460	\$ 63,960	\$ 69,460			
4	\$ 32,150	\$ 48,225	4	\$ 60,660	\$ 66,160	\$ 71,660	\$ 77,160			
5	\$ 37,650	\$ 56,475	5	\$ 68,360	\$ 73,860	\$ 79,360	\$ 84,860			
6	\$ 43,150	\$ 64,725	6	\$ 76,060	\$ 81,560	\$ 87,060	\$ 92,560			
7	\$ 48,650	\$ 72,975	7	\$ 83,760	\$ 89,260	\$ 94,760	\$ 100,260			
8	\$ 54,150	\$ 81,225	8	\$ 91,460	\$ 96,960	\$ 102,460	\$ 107,960			
	(1)	(2)		(3)	(3)	(3)	(3)			
(1) = Add \$ 5,500 for each additional person										
(2) = Add \$ 8,250 for each additional person										
(3) = Add \$ 7,700 for each additional person										