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*DFD Russell Medical Centers, Inc. is an equal opportunity provider and employer*

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Dear Sliding Fee Applicant:

Attached is an application for the DFD Russell Medical Center sliding fee program. This program offers eligible patients four levels of discounts for services provided at our centers. **Please complete the application and return it to us within 30 days for processing.** Qualifying for our Sliding Fee Discount program will also help discount any back due balances as long as these balances were not previously discounted or sent to collections.

Be sure to include the information required to document family income as noted on the forms. **If you do not include this information we will not be able to process your application.**

The highest discounts offered are Category A and Category B, as listed on the attached Sliding Fee Discount application. If you qualify for one of these categories it is also necessary for you to submit a **MaineCare benefits status letter**, dated within three months, before we can process your sliding fee application. We require this letter for Category C also if you do not have insurance coverage elsewhere, since MaineCare Expansion which took place January 2019 covers low-income adults up to 138% Federal Poverty Limit (\$17,774.40 for a household of one).

Our Community Health and Outreach team is available to assist you in completing the sliding fee application, the MaineCare online application, or gathering the required income documents. They may be reached by calling 207.524.3501. Please call if you have any questions or if you need assistance.

Our goal at DFD Russell Medical Center is to make this process go as smoothly as possible so that you can achieve significant discounts on services if you qualify for the program. Thank you for selecting us as your healthcare provider.

Sincerely,

Laurie Kane-Lewis, CEO  
DFD Russell Medical Center



## Sliding Fee Discount Program Application

This application is available to all persons, uninsured or underinsured requesting discounted services under the DFD Russell Medical Center sliding fee for services program.

Name:	Telephone No.:
Address:	

Household Members:			Income ( complete one column )		
	Name	Date of Birth	Weekly	Monthly	Annual
Self					
Spouse					
Children					

**Please note: This application requires some form of documented supporting income.** Include income from all sources for persons supporting household, wages, tips, Social Security income and benefits, pensions, annuities, alimony, child support, income from trusts or estates, military, unemployment, self-employment, income from public aid. This income information is confidential and will be used only for the evaluation completed by our finance staff. It will not be disclosed nor will it become part of any medical record.

- 1. A complete copy of your filed income tax return, 1040 forms. Please include all schedules and attachments. If you do not file returns, a signed 4506T, verification of non filing form.**
- 2. Two recent forms of income, such as (2) pay stubs, or (1) Social security, unemployment or other benefit statement.**
- 3. Maine Care benefits status Letter dated within (12) months, if required.**

**Certification of Accuracy**

I certify that the information provided above is complete and accurate and that I have disclosed all sources of household income. I understand if it is later determined that I have materially misrepresented any of this information DFD Russell Medical Center has the right to bill me for discounts previously allowed and I agree to pay all such charges.

**If approved, sliding fee discounts are valid for one year from the date of approval.**

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

*DFD use only:*

Centricity Number: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date received: \_\_\_\_\_

Discount category: \_\_\_\_\_