

Financial Assistance - Plain Language Summary (PLS)

Central Maine Healthcare (CMH) is committed to treating all patients who need care regardless of their health insurance or financial status. CMH’s Financial Assistance Policy provides free emergency and necessary medical care to eligible, uninsured individuals and families unable to pay the cost of their medical care.

Eligible Services: Emergency and/or medically necessary services provided by the Central Maine Healthcare Network providers set forth below.

Eligible Patients: Uninsured patients with incomes less than 200% of the current Federal Poverty Guidelines for their family size who submit a Financial Assistance Application (including related documentation/information), and who are determined eligible for financial assistance.

Size of family unit	*Maine Free Care	*CMMC, BH, RH Free Care 100% Discount	*CMMC, BH, RH Free Care 55% Discount
1	\$23,940	\$31,920	\$39,900
2	\$32,460	\$43,280	\$54,100
3	\$40,980	\$54,640	\$68,300
4	\$49,500	\$66,000	\$82,500
5	\$58,020	\$77,360	\$96,700
6	\$66,540	\$88,720	\$110,900
7	\$75,060	\$100,080	\$125,100
8	\$83,580	\$111,440	\$139,300
For each additional person, add this amount:	\$8,520	\$11,360	\$14,200

Income Guidelines Last Updated January 25, 2026

Assistance offered: CMH Hospitals provide partial free care (the amount of partial free care will be equal to 100% of eligible charges, minus the AGB, but in no case will be less than 55%)

- Gross income is greater than 200% and less than or equal to 250% of the FPL

- Patient is a Maine resident receiving Emergent or Medically Necessary services and supplies
- Patient is not a Maine resident receiving Emergency Care
- All Third-Party Payer sources, including spend down, when appropriate have been exhausted
No individual eligible for financial assistance will be charged more for emergency or otherwise Medically Necessary Care than the calculated AGB.

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.

Amount Generally Billed (AGB): The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. To the extent applicable, AGB will be determined under the “look-back method” by taking the total payments the hospital received from all commercial plans and Medicare during the hospital’s prior fiscal year and dividing this number by the total hospital charges to these commercial plans and Medicare during this prior year. Patients who qualify for assistance will receive a discount either equal to or greater than the discount provided to insured individuals. The AGB percentages listed below apply to any emergency or other medically necessary care provided to a FAP-eligible individual from the approval date of this policy. All official Central Maine Healthcare policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.

Member Hospitals	Central Maine Medical Center	Rumford Hospital	Bridgton Hospital
AGB %	45.0%	51.2%	50.3%
Discount % Required	55.0%	48.8%	49.7%
Discount % Offered *	55.0%	55.0%	55.0%

How to Apply: Information on financial assistance and applications may be obtained online at <https://www.cmhc.org/billing-and-financial-information/financial-assistance-at-cmhc>. For a free copy of our financial assistance policy and application and assistance with your application, you may also call us at (207) 795-8050, or visit us at:

Patient Financial Services Office

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