

## PATIENT ASSISTANCE CHECKLIST FOR UNINSURED PATIENTS

- I have received the chemotherapy order written by the physician?
- I have met with the patient to assess his or her ability to pay for treatment?
- Based on this meeting, is the patient able to pay out-of-pocket for drug(s)?
  - YES  NO

If no, list drug(s) below and continue on with checklist.

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- Is a replacement drug program available?
  - YES  NO

If yes, identify drug and program:

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- Does the patient qualify for this program?
  - YES  NO

If no, state reason(s) why:

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- If yes, I have completed all the necessary forms and paperwork for the drug replacement program.
  - YES  NO

If no, state reasons why:

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- Does the patient need drug(s) that are not available through a drug replacement program?
  - YES  NO

If yes, identify which drugs:

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- Is Foundation funding assistance available for any of these drug(s)?
  - YES  NO

If yes, identify Foundation(s) and drug(s):

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## FINANCIAL ADVOCACY NETWORK

- I have completed all the necessary forms and paperwork for these Foundation funding program(s).  
 YES  NO

If no, state reasons why:

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- Does the patient qualify for charity care within from my clinic, cancer center, hospital, or healthcare system?  
 YES  NO

If yes, identify program:

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- I have completed all the forms and paperwork necessary to apply for this charity care.  
 YES  NO

If no, state reasons why:

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- Is there a balance or money owed related to treatment?  
 YES  NO

If yes, identify balance:

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- If yes, I have worked with the patient and family to create a payment plan for the balance of his or her treatment costs.  
 YES  NO