ASSOCIATION OF COMMUNITY CANCER CENTERS

FINANCIAL ADVOCACY NETWORK

PATIENT ASSISTANCE CHECKLIST FOR MEDICARE ONLY PATIENTS

- ❑ I have received the chemotherapy order written by the physician?
- ❑ I have verified the patient's insurance coverage?
- ❑ I have verified that the drug(s) are indicated for the patient's diagnosis?
- ❑ I have obtained prior authorization, if needed?
- ❑ I have identified the patient's responsibility (an estimate in $) for treatment costs?
- ❑ I have met with the patient to assess his or her ability to pay for treatment?
- ❑ Based on this meeting, does patient need drug replacement?

  ❑ YES ❑ NO

- ❑ If yes, is a replacement drug program available? (Note: an appeal must to be made to receive drugs.)

  ❑ YES ❑ NO

  If yes, identify drug and program:

  _____

- ❑ Does the patient qualify for this program?

  ❑ YES ❑ NO

  If no, state reason(s) why:

  _____

- ❑ If yes, I have completed all the necessary forms and paperwork for the drug replacement program.

  ❑ YES ❑ NO

  If no, state reasons why:

  _____

- ❑ Does the patient need drug(s) that are not available through a drug replacement program?

  ❑ YES ❑ NO

  If yes, identify which drugs:

  _____

❑ Is Foundation funding assistance available for any of these drug(s) or to help with other treatment-related costs?
❑ YES ❑ NO
If yes, identify Foundation(s) and drug(s):

_____

❑ I have completed all the necessary forms and paperwork for these Foundation funding program(s).
❑ YES ❑ NO
If no, state reasons why:

_____

❑ Does the patient qualify for charity care from my clinic, cancer center, hospital, or healthcare system?
❑ YES ❑NO
If yes, identify program:

_____

❑ I have completed all the forms and paperwork necessary to apply for this charity care.
❑ YES ❑ NO
If no, state reasons why:

_____

❑ Is there a balance or money owed related to treatment?
❑YES ❑ NO
If yes, identify balance:

_____

❑ 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