

PATIENT ASSISTANCE CHECKLIST FOR MEDICAID 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 NOIf yes, identify drug and program:

- Does the patient qualify for this program?
 - YES NOIf no, state reason(s) why:

- If yes, I have completed all the necessary forms and paperwork for the drug replacement YES NO
If no, state reasons why:

FINANCIAL
ADVOCACY
NETWORK

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