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 dollars) 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:

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- If yes, I have completed all the necessary forms and paperwork for the drug replacement
  - 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: ________________________________

- 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