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.

- Is a replacement drug program available?
  - 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)?
   ☐ 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 within 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