

Financial Checklists

These checklists can help when you are thinking about the many financial concerns that come up after you have received a diagnosis of a blood cancer. Use these lists to keep track of questions to ask your healthcare and financial team members. Keeping organized helps decrease many financial stressors and allows you to focus on feeling better.

	PART 1: Preparing for Expenses	Comments/Notes
<input type="checkbox"/>	I have thought about my anticipated medical expenses.	
<input type="checkbox"/>	I have considered the impact of treatment and recovery on the household income.	
<input type="checkbox"/>	I have considered additional expenses related to treatment and recovery, such as travel and child care.	
<input type="checkbox"/>	I have thought about reducing or eliminating nonessential expenses.	
<input type="checkbox"/>	I have researched disability insurance options, if needed, during my treatment and recovery.	
<input type="checkbox"/>	I have checked to see if I have home mortgage or car payment insurance to help cover expenses during my illness.	
<input type="checkbox"/>	I have looked at life insurance loans or other programs to help cover expenses.	
<input type="checkbox"/>	I know I must speak to creditors early if I will have difficulty making payments.	
<input type="checkbox"/>	I have reviewed my disability/time off/COBRA benefits from my employer (and I have a copy of that information).	
<input type="checkbox"/>	I have information about my rights as an employee.	

	PART 2: Organization	Comments/Notes
<input type="checkbox"/>	I have an advocate—a family member, friend or other trusted person—who can help me get and stay organized.	
<input type="checkbox"/>	I know the names of my doctors/nurses/social worker, and how to contact them.	
<input type="checkbox"/>	I keep and organize all my medical records and copies of tests.	
<input type="checkbox"/>	I know what information I need to keep copies of for tax purposes.	
<input type="checkbox"/>	I have kept a log of each person I have spoken to and when I have spoken to him or her regarding insurance concerns, payment questions or other details about medical records.	
	PART 3: Treatment Benefits	Comments/Notes
<input type="checkbox"/>	I know how I will pay for treatment.	
<input type="checkbox"/>	If I don't have health insurance, I will learn about possible resources available at www.healthcare.gov .	
<input type="checkbox"/>	If I have gaps in my insurance coverage, I will learn about possible resources available.	
<input type="checkbox"/>	I know what insurance expenses I pay (co-pay, co-insurance, deductible) each month/year, and the amount of my plan's out-of-pocket maximum.	
<input type="checkbox"/>	I either have a copy or I know where to get a copy of my insurance plan or Summary of Benefits and Coverage (SBC).	
<input type="checkbox"/>	I know my insurance plan's oncology benefits and what treatments and charges are covered, partially covered and not covered.	
<input type="checkbox"/>	I know when I need a referral from my doctor.	
<input type="checkbox"/>	I know my doctor(s) is/are covered under my insurance.	
<input type="checkbox"/>	I have asked my insurance company about coverage for a second opinion.	
<input type="checkbox"/>	I know what visits/procedures from my doctor/specialist are covered by my insurance.	
<input type="checkbox"/>	I know the timeline for my treatment.	

	PART 4: Treatment Authorizations	Comments/Notes
<input type="checkbox"/>	I know why the procedure is being done.	
<input type="checkbox"/>	I know when I need to call the insurance company for pre-authorization/pre-certification.	
<input type="checkbox"/>	I have a pre-authorization/pre-certification for the treatment (if required).	
<input type="checkbox"/>	I know within what time frame a procedure/treatment needs to be done before the pre-authorization or pre-certification expires.	
<input type="checkbox"/>	I have a case manager at the insurance company who I can speak to directly if I have a concern.	
<input type="checkbox"/>	I have discussed payment options with my doctor's office and/or the hospital's billing department.	
<input type="checkbox"/>	I know I can appeal a claim to the insurance company if a treatment or procedure is denied, and I can seek outside help, if needed.	
	PART 5: Medication	Comments/Notes
<input type="checkbox"/>	I know my prescription drug plan and how to find out if a drug is covered or not.	
<input type="checkbox"/>	The drugs I have been prescribed are covered under my prescription plan.	
<input type="checkbox"/>	I know if I have a mail-order pharmacy benefit and if it is required that medicines are filled by mail.	
<input type="checkbox"/>	I have asked about drug access and co-payment programs for which I am eligible.	
<input type="checkbox"/>	I have asked my doctor if the drugs I am taking are available in generic form and, if so, for the generics to be prescribed to save money.	
<input type="checkbox"/>	I will ask for an exception if a drug prescribed is not on the insurance formulary (list of covered medications).	
<input type="checkbox"/>	If I have Medicare coverage, I know when I am eligible to change my Part D prescription plan to meet my changing medication needs.	