

Get It Done Financial Factsheet



SECTION 1

TIPS ON STAYING ORGANIZED

Understanding and staying on top of financial paperwork can be overwhelming. As a cancer survivor, your bills between visits can accumulate quickly if not properly organized and tracked. Here are a few helpful ways you can keep up with the paperwork and keep everything under control:



When speaking to a representative from your insurance company, always keep a written record of your conversation



Track all of your medical expenses, including any bills you may have been reimbursed for by insurance.



Color-coded file folders and online spreadsheets can help you stay organized.

Health insurance companies may be able to assign you a case manager who may help with:

- ✓ Finding ways to organize your bills and payments
- ✓ Explaining the costs of different visits or medications
- ✓ Sharing programs that can help pay for certain parts of your medical requirements

SECTION 2

UNDERSTANDING INSURANCE

Below are some tips from the American Cancer Society that help break down the fundamentals of insurance surrounding your cancer care.



POINT 1 Asking your healthcare facility for help

Usually, healthcare facilities and treatment centers have a financial department that handles health insurance concerns and problems. Ask your health care team if someone can help you with claims and understanding codes on the bills that are sent to the insurance company.

POINT 2 What to ask about health insurance coverage for your screening

Out-of-pocket costs are any services you pay for because health insurance doesn't cover them or any payments you make after insurance has paid a portion of the total cost. These costs can add up quickly, so you'll want to be sure that your health insurance company pays or reimburses the bulk of your medical expenses. This means you'll need to:

- Know the terms of your insurance policy
- Be aware of preferred or network doctors, hospitals, or clinics according to your policy
- Keep careful records of your health care costs

POINT 3 Out-of-network providers

"Out-of-network providers" means that for one reason or another, they are a non-preferred healthcare provider for your insurance company. This can often mean they have higher

copays, are covered/reimbursed at lower rates, or sometimes not covered at all. If any of your treatments might be done by out-of-network doctors or providers, find out about those costs from your insurance company too.

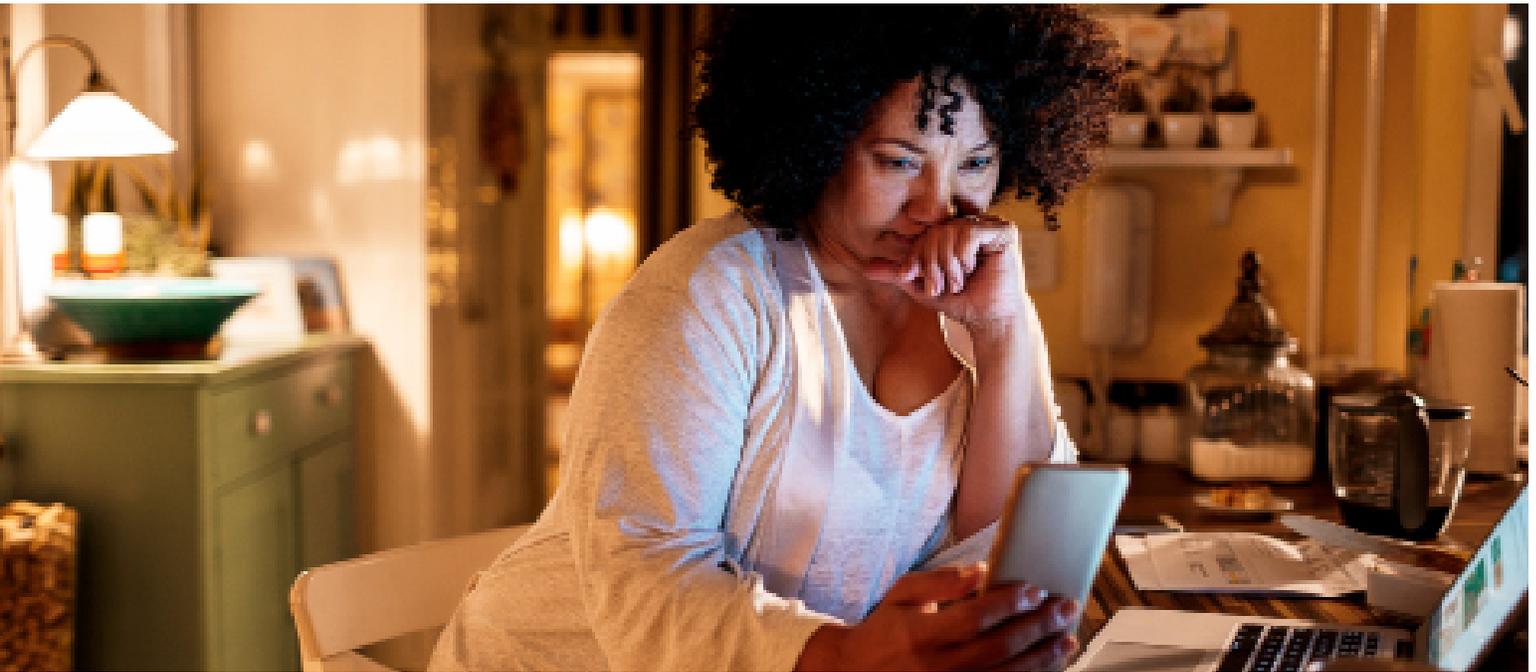
Point 4 Get necessary pre-authorizations

Many health insurance companies require you to obtain prior approval (also called pre-authorization, prior-authorization, or pre-certification) before you get medical care. If you don't get the pre-authorization, your health insurance company might deny your claim. Make sure your health care team contacts your health insurance company before treatments, testing, surgery, or hospitalization to check if you need a pre-authorization.

If your health care team does not request pre-authorizations for you, you are responsible for getting approval from your insurance company. Also, even if you receive approval, it does not guarantee that your insurance will cover your care.



You can find out more about health insurance and other costs from the American Cancer Society at [**Understanding Health Insurance.**](#)



SECTION 3

INSURANCE APPEALS

What do you do if your insurance plan says no to coverage?

At some point during cancer treatment, you may experience a denial of coverage from an insurer, whether for an imaging scan, prescription drug, treatment, procedure, or genetic test. While your first instinct might be to take “no” for an answer, you may be able to file an appeal. In many cases, people can win their appeal and get coverage for the care prescribed by their health care team.

Here are steps you can take to appeal a denial of coverage:

- Step 1 | Contact your insurance company and ask for a detailed explanation of your denial
- Step 2 | Understand your denial, it could have been a mistake, issue with pre-authorization, or maybe the service simply wasn't covered
- Step 3 | Gather evidence for your appeal, make sure to pay attention to deadlines and requirements for your insurance companies' internal appeals process
- Step 4 | Submit your appeal and regularly follow-up for updates on its progress

SECTION 4

FINANCIAL RESOURCES

If you need help with insurance coverage to get screened, financial resources are available and can help you navigate the process in getting the care you need.

For Understanding Health Insurance Triage Cancer

About: Triage Cancer is a national, nonprofit organization that provides free education on the legal and practical issues that may impact individuals diagnosed with cancer, survivors, and their caregivers, through events, materials, and resources.

Service: Their goal is to ensure that people have access to quality information about health insurance coverage in order to make educated decisions and obtain adequate health insurance options for their needs. It is equally important for individuals to understand how to use their health insurance coverage.

Contact: Click [here](#) to learn more about their services.



For the Uninsured Pfizer Oncology Together

About: This program from Pfizer offers support to help identify resources for eligible patients without any healthcare coverage. The Pfizer Savings Program is not health insurance.

Service: They'll start by checking your eligibility for Medicaid using the information you provided on our enrollment form. If you appear to be eligible, they'll give you Medicaid's contact information and help you understand how to apply.

Contact: For more information, call the toll-free number 1 (877) 744-5675, Monday through Friday 8am-8pm EST.

For Prostate Cancer Patients and Survivors ZERO360 Comprehensive Patient Support

About: ZERO360 is a free patient support service for prostate cancer patients and their families, designed to help you find sources of financial aid and help resolve issues with your insurance company (e.g. help with the insurance appeal process and resolve insurance codes and billing issues). They are your co-pilot in navigating your prostate cancer journey, including screening, enrollment and securing access to care for the uninsured.

Service: ZERO360 insurance navigation services can help identify insurance coverage options, including Marketplace/Exchange products, Medicaid, Medigap, Medicare Part D, Medicare Low Income Subsidy, TRICARE and can get you assistance with Social Security Disability (SSI or SSDI) or state and/or employer-based disability benefits. Talk with them through your health insurance plan to understand what's included under your coverage, along with financial aid support and/or partial assistance.

Contact: Contact a ZERO360 case manager at (844) 244-1309, Monday through Thursday from 8:30am-5pm EST and Friday from 8:30am-4pm EST.



For Breast Cancer Patients and Survivors

Komen Treatment Assistance Program

About: Susan G. Komen created the Komen Treatment Assistance Program to help those struggling with the costs of breast cancer treatment by providing financial assistance to eligible individuals.

Service: Funding is available for eligible individuals of any age looking to get a mammogram or undergoing breast cancer treatment, at any stage of the disease.

Contact: To learn more about this program and other helpful resources, call the Komen Breast Care helpline at 1 (877) GO KOMEN (1-877-465-6636). All calls are answered by a trained and caring staff member in English and Spanish, Monday through Friday from 9am-10pm EST.



For Colorectal Cancer Patients and Survivors

Colorectal Cancer Alliance Financial Assistance Programs

About: Cancer screening and care is challenging, and financial burdens make it even harder, the Colorectal Cancer Alliance is here to help.

Service: The Alliance's offers the following financial assistance services:

Screening Assistance Program: Anyone in need of support with a low or no-cost screening, such as colonoscopy or fecal immunochemical test (FIT), may be eligible for support.

Treatment Awards: Patients in active treatment may be eligible to receive a one-time stipend to help with daily expenses that add to the burden during treatment, such as household bills, childcare, transportation costs, or food.

The Alliance's certified patient & family support navigators help patients and caregivers as they navigate insurance options, bills, claims, and other financial resources.

Contact: For any of the above, call the Alliance's free Helpline, (877) 422-2030, Monday through Friday from 9am-5pm EST.



If you are looking for additional resources to better understand your health insurance and common terms used, read **this guide** from Pfizer Oncology Together, which contains definitions of the most common terms used or talk to your doctor about what is best for you.