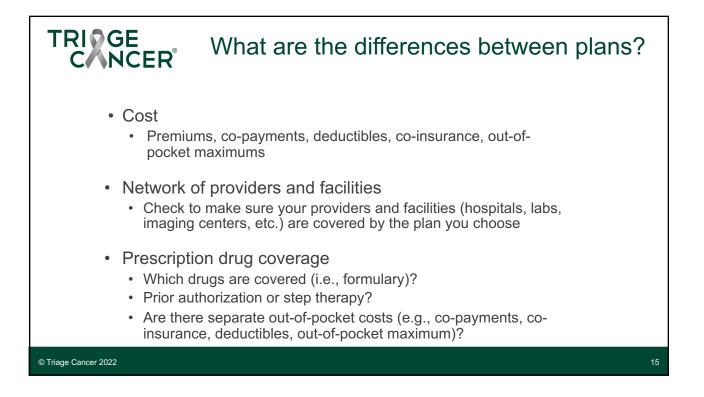
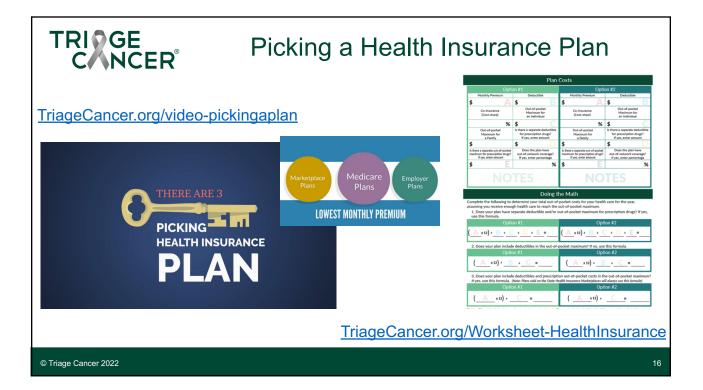
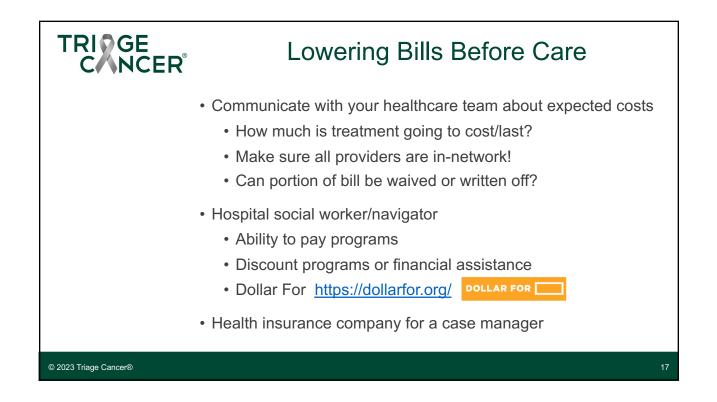


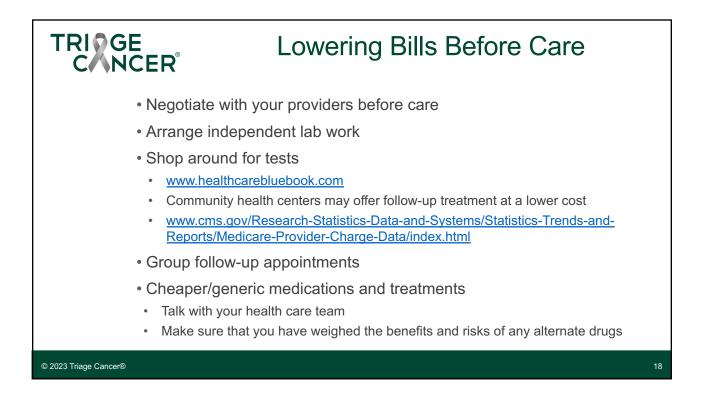
| | CER® | Total Ar | nnual Cost | |
|----------------------|---------------------------|------------|-----------------------|--|
| , | Bronze: Monthly Premium | Deductible | Out-of-pocket Maximum | |
| - | \$200 | \$6,000 | \$8,000 | |
| | Silver: Monthly Premium | Deductible | Out-of-pocket Maximum | |
| | \$275 | \$2,500 | \$6000 | |
| | | | | |
| | Platinum: Monthly Premium | Deductible | Out-of-pocket Maximum | |
| | \$400 | \$0 | \$2000 | |
| © Triage Cancer 2022 | | | | |

| | Do t | he Math! | Total possible costs for year = 12 months of premiums + OOP max |
|---------------------------|---------------------------|-----------------------|---|
| Ne | #1: \$200x12 = \$2,400 | | |
| Bronze: Monthly Premium | Deductible | Out-of-pocket Maximum | + OOP = \$8,000 |
| \$200 | \$6,000 | \$8,000 | Total = \$10,400 |
| | | | #2: |
| Silver: Monthly Premium | Deductible | Out-of-pocket Maximum | \$275x12 = \$3,300 + OOP = \$6,000 |
| \$275 | \$2,500 | \$6,000 | Total = \$9,300 |
| | | | |
| Platinum: Monthly Premium | #3: \$400x12 = \$4,800 | | |
| \$400 | \$0 | \$2,000 | + OOP = \$2,000 Total = \$6,800 |
| | | | 10tal = \$0,000 |
| © Triage Cancer 2022 | | | 14 |

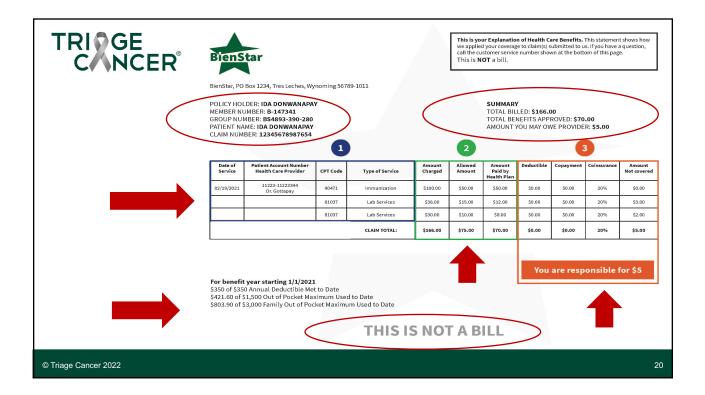


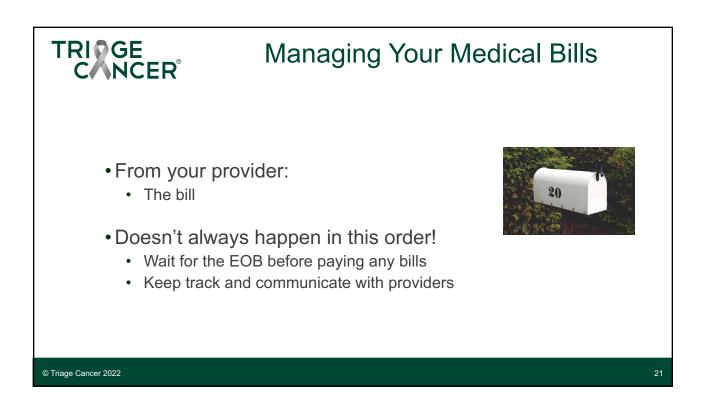


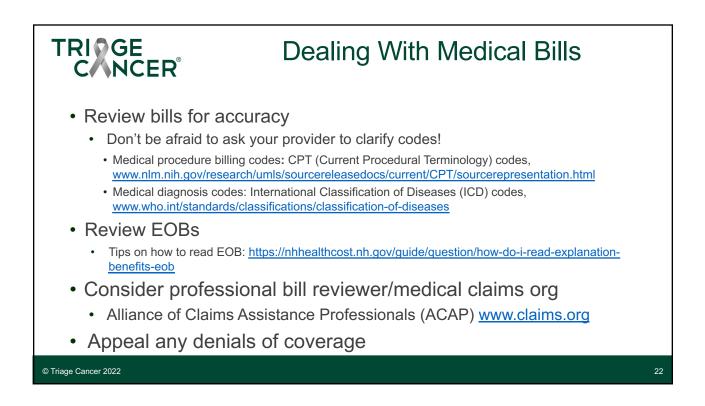


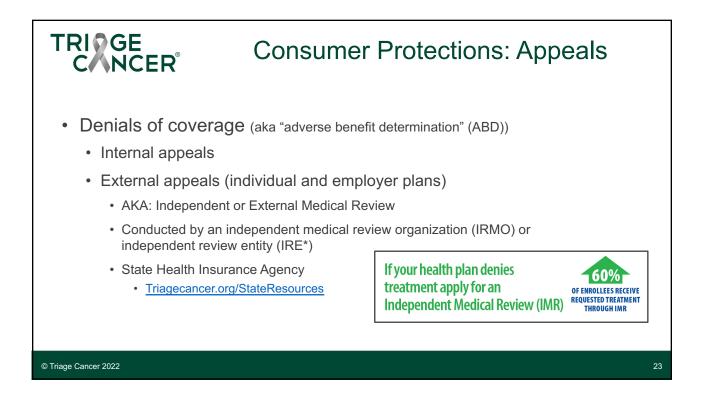


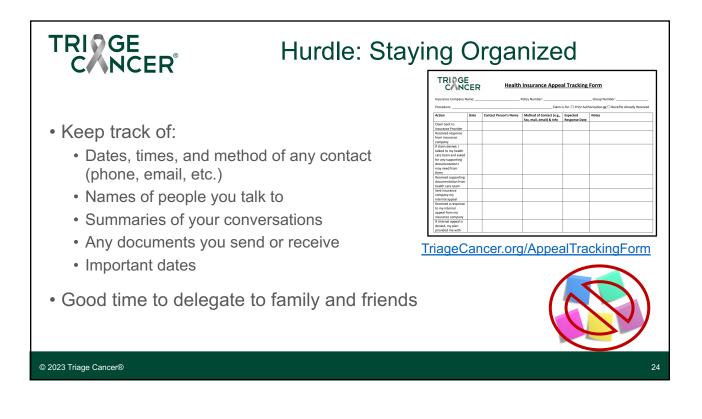


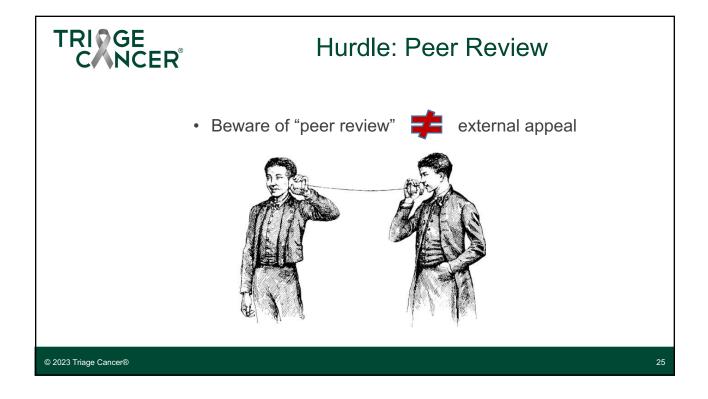


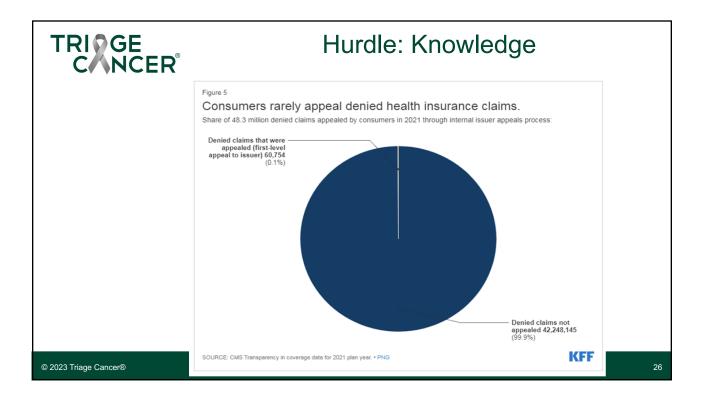






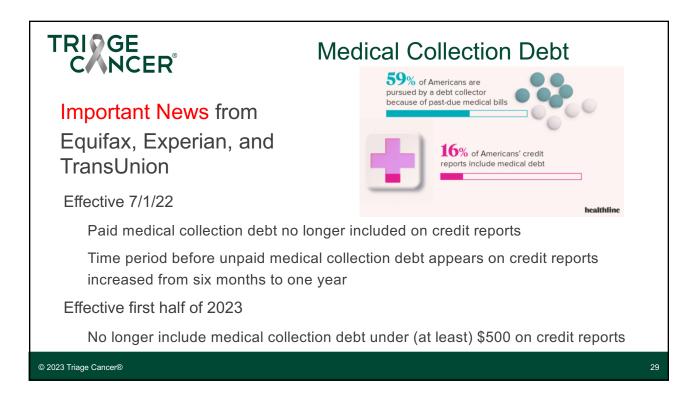








| | Negotiate! | |
|----------------------|---|----|
| | Contact providers if having trouble paying your bills –When: | |
| | Before unpaid bills sent to collections agencies | |
| | -What: | |
| | Ask for more time | |
| | Check to see if they would be willing to: | |
| | Write off a portion of your bill; | |
| | Negotiate a payment plan; or | |
| | Accept a lower lump sum payment | |
| | Check to see if there is a charity care or financial assistance program available through the provider. | |
| © Triage Cancer 2022 | | 28 |

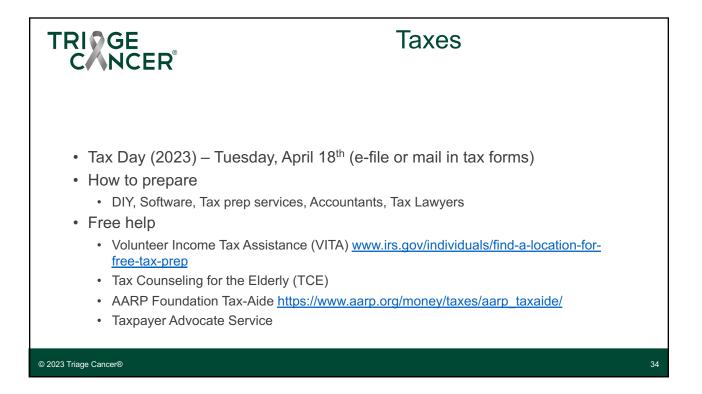




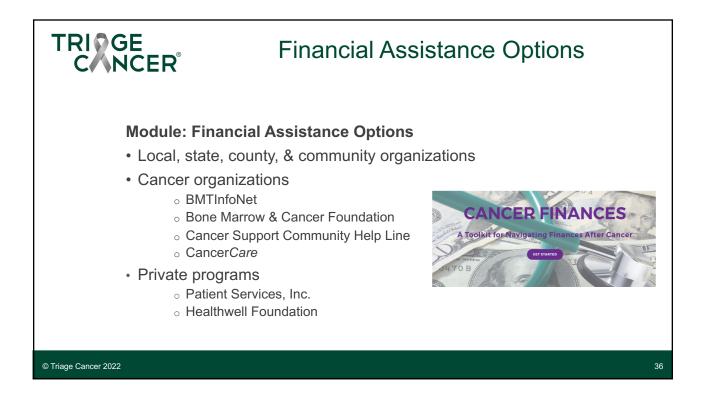
| (| | ER® | | New Resource TriageCancer.org/Worksheet-BillTracker | | | | | | | | | |
|----------|----------------------------------|---------------------|----------------------------|--|--|------------------------------|---------------------------------|---|--|-------------------|-------|--|--|
| | A B | с | D | E | F | G | Н | I | J | К | L | | |
| _ | Medic <mark>al Bill Track</mark> | er | Dian Otan O ald | | | 00/00 | | | | | | | |
| | Plan Name: Deductible Amount | \$ | BienStar Gold | Out-of-Pocket | | 80/20 \$ 8.000.00 | | | | | | | |
| 4 | Total Billed | - | Paid Out-of-Pocket | \$1,000.00 | Total Remaining to Meet Deductible | \$ 8,000.00 | | source with your comm | unities or to post a link | TRI | GE | | |
| 6 | Total Paid by Insurance | 'TD \$800.0 | Total Due | \$0.00 | Total Remaining to Reach Out-of-Pocket Maximum | \$7,000.00 | practical and legal issues that | ess permission of Triage (est permission. To find m | Cancer. Please email us nore resources on the nosis, please visit, | | NCEF | | |
| 7 | | | | | maximum | | indps () to age can | etong, w 2022 mage c | ancer | | | | |
| 8 | Provider Bill Date Name | Statement Number | Description of Services | Total Amount Billed | Amount Paid by | Amount Paid Out-of-Pocket | Amount Due | Method of | Appeal Needed? | FSA/HSA Status | Notes | | |
| | 1/12/2022 Dr. Sue | | 4 Office Visit | \$300.00 | so.00 | \$300.00 | | Payment Bank Account | - No | Submitted | Notes | | |
| | 1/25/2022 Imaging Center | | 9 MRI | \$1,500.00 | \$800.00 | \$700.00 | | | ~ No | Need to Subn - | | | |
| 11 | | | | | | | \$0.00 | | - · | r - | | | |
| 12 | | | | | | | \$0.00 | | * · | · · | | | |
| 13 14 | | | | | | | \$0.00 \$0.00 | | * . | · · | | | |
| 14 | | | | | | | \$0.00 | | | | | | |
| 16 | | | | | | | \$0.00 | | - | · · | | | |
| 17 | | | | | | | \$0.00 | | - | · · | | | |
| 18 | This works | heet is an | example only | y. To input y | our own | | \$0.00 | | * | r - | | | |
| 19 | information | click on t | he sheet to t | he left calle | d "My Medical | | \$0.00 | | * | · • | | | |
| 20 21 | | | hat workshee | | | | \$0.00 | | - | · · | | | |
| 21 | | | | | | | \$0.00 | | * | · · · | | | |
| 23 | your comp | uter and co | omplete the f | ollwoing ste | eps: | | \$0.00 | | - | · · | | | |
| 24 | Step 1: fill | out the inf | ormation in th | ne top 4 rov | vs usina | | \$0.00 | | ¥ | · · | | | |
| 25 | | | health insur | | | | \$0.00 | | - | | | | |
| 26 | intornation | nom you | n c aiut Insul | ance policy | • | | \$0.00 | | * | | | | |
| | + 🔳 🔒 Example ~ Me | dical Bill Tracker | • My Medical Bill | Tracker + | | | | | | | | | |

| C | | E ICEF | R | | | | | | | | | |
|---------|--------------|------------------|---------------------|----------------------------|------------------------|-----------------------------|------------------------------|-----------|------------------------------|-----------------------|-------------------|------------|
| Medio | al E | Bill Tra | cker | | | | | | | | | |
| Plan Na | ame: | | | | Bien | Star Gold | Co-Insurar | nce Am | ount | | | 80/20 |
| | | Amount | | \$ | | 1,000.00 | | | | | \$ | 8,000.00 |
| | | Total Bill | ed YTD | \$1,800 | .00 01 | Paid ut-of-Pocket YTD | \$1,00 | 0.00 | Total Ren Meet D | naining t eductibl | | \$0.00 |
| Total F | aid b | y Insuran | ce YTD | \$800 | .00 | Total Due | \$ | 0.00 | Total Ren Reach Out- | | t | \$7,000.00 |
| | | | | | | | | | | | | |
| | Bill Date | Provider Name | Statement Number | Description of Services | Total Amount Billed | Amount Paid by Insurance | Amount Paid Out-of-Pocket | Amount Du | Method of e Payment | Appeal Needed? | FSA/HSA Status | Notes |
| | 1/12/2022 D | | | Office Visit | \$300.00 | | | | \$0.00 Bank Account | | Submitted - | |
| | 1/25/2022 In | naging Center | 789 | MRI | \$1,500.00 | \$800.00 | \$700.00 | | \$0.00 Credit Card \$0.00 | * No * | Need to Subn - | |
| | | | | | | | | | \$0.00 | • • | • • | |
| | | | | | | | | | | | | |











| RIGE CNCER [®] F | inancia | | | opus | | 2.49 |
|------------------------------|-----------------------|---|-------------------|-----------------------------|---|---|
| | Search | | | | | ۹. |
| | Company Name | Disease State | Prescription Name | Phone Number | Program | Type of assistance (co-pay, free drug, other assistance, transportation etc) |
| | AbbVie | mantle cell lymphoma, chronic lymphocytic leukemia, and Waldenström's macroglobulinem | Imbruvica | 18778773536 | <u>"YOU&I Support</u> program" | co-pay, insurance delay, |
| | AbbVie | prostate cancer | Lupron | 18002226885 | "Abbvie Assist" | free product |
| | AbbVie | chronic lymphocytic leukemia, acute myeloid Leukemia, Small Lymphocytic Lymphoma | Venclexta | 18882494918 / 8449266727 | <u>"BioOnvology Copay</u> program VenCompass" | Co-pay, insurance access, free starting dose if ins. Delays /nurse support |
| | Agios Pharmaceuticals | acute myeloid leukemia | Tibsovo | 18444091141 | <u>'myAgios'</u> | financial assistance |
| | Allergan | prostate cancer | Trelstar | 1 844 424 6727 | <u>"Allergan Pharma, Inc.</u> program <u>"</u> | 3 months free |
| | Amgen | ALL | Blincyto | 1-888-427-7478 | "Amgen Assist 360" | co-pay insurance |
| | Amgen | melanoma | Imlygic | 1-888-427-7478 | "Amgen Assist 360" | co-pay insurance |
| | Amgen | multiple myeloma | Kyprolis | 1-888-427-7478 | "Amgen Assist 360" | co-pay insurance |
| | Amgen | colorectal cancer | Vectibix | 1-888-427-7478 | "Amgen Assist 360" | co-pay insurance |
| | Amgen | multiple myeloma and bone metastases | Xgeva | 1-888-427-7478 | "Amgen Assist 360" | co-pay insurance |
| | ANI Pharmaceuticals | breast cancer | Arimidex | 1-855-250-2483 | "Patient Direct" | prescription discount and auto fill |
| | Astellas Pharma | AML | Xospata | 844-632-9272 | "XOSPATA Support Solutions" | co pay and/or free for qualifying patients |
| | Astellas Pharma | prostate cancer | Xtandi | 855-898-2634 | "XTANDI Support | co pay and/or free for |

