



PAYING FOR TREATMENT

**A Practical Guide to Help Patients and Families
Understand Costs, Insurance, and Support Options**

Facing medical bills after a new diagnosis can quickly become overwhelming. Between treatment decisions, insurance terminology, and rising expenses, it's easy to feel confused or stressed. This guide breaks down the key steps to understanding your costs, navigating insurance, and finding financial support, so you can focus on your health with more confidence and less worry.

(833) 497-4225

lungcancer.ferrarolaw.com

Clear Information. Compassionate Support.

STEP 1: UNDERSTAND YOUR INSURANCE PLAN

Start by gathering the essential details about your insurance coverage. Knowing these basics helps you understand what you may owe and how much support your plan provides.

Information to collect:

- Your deductible
- Copays and coinsurance amounts
- Your out-of-pocket maximum
- Whether your doctors and hospitals are in-network
- Whether your treatment requires prior authorization

Tip: Call your insurance provider and request a benefits summary explained in plain language. Ask them to walk you through your plan's major costs and coverage limits.

STEP 2: GET COST ESTIMATES UPFRONT

Before beginning treatment, ask your care team for clear cost information. This helps you anticipate bills and reduces the likelihood of financial surprises.

Questions to ask:

- What is the expected cost of each treatment?
- How many sessions or cycles will I need?
- Are there separate charges for labs, imaging, procedures, or medications?
- What will my estimated out-of-pocket cost be?

Request an itemized estimate, not just a single total amount. This allows you to see each component of the cost and compare options if needed.

STEP 3: TALK WITH YOUR CARE TEAM ABOUT COSTS

Your medical team understands that finances are part of treatment planning. Being open about cost concerns helps them guide you to affordable options.

Important questions:

- Are there lower-cost treatments that are still clinically effective?
- Are generic medications or biosimilars available?
- Are there patient assistance programs that can help?
- Can the hospital's social worker or financial counselor review my bills?

Many hospitals offer **financial assistance or charity care**, even if you have insurance. It's worth asking about eligibility.

STEP 4: KNOW YOUR RIGHTS

Patients have financial rights within the healthcare system. Understanding them allows you to advocate for yourself more effectively.

You have the right to:

- Receive an Explanation of Benefits (EOB)
- Appeal denied claims
- Request written cost estimates
- Review and question charges
- Set up a payment plan
- Receive help from a patient advocate

If a claim is denied, ask for a written explanation and **file an** internal appeal. Many denials are overturned once additional documentation is provided.

STEP 5: MANAGE MEDICATION COSTS

Prescriptions can be one of the largest medical expenses, but there are ways to reduce the cost significantly.

Ask your care team or pharmacist about:

- Generic alternatives
- 90-day refills
- Manufacturer copay cards
- Pharmaceutical patient assistance programs
- Discount pharmacies and savings cards
- Mail-order options

Some medications fall under the medical portion of your insurance rather than the pharmacy portion. This difference can dramatically change what you pay out-of-pocket.

STEP 6: APPLY FOR FINANCIAL ASSISTANCE

You may qualify for support from a wide range of programs, depending on your diagnosis, income, and insurance status.

Possible sources of help include:

- Nonprofit organizations
- Disease-specific foundations
- Hospital financial assistance programs
- State or county support
- Medication copay programs
- Travel or lodging assistance grants

Documents you may need:

- Proof of income
- Insurance card
- Recent medical bills
- Diagnosis and treatment plan

Apply early. Some funds open and close throughout the year.

STEP 7: STAY IN CONTACT WITH YOUR INSURANCE

Regular communication with your insurance provider helps prevent delays and misunderstandings.

Check in about:

- Prior authorization status
- Pending or unpaid claims
- Coverage changes
- Denial letters
- Reimbursement timelines

Keep a log with:

- The representative's name
- Date and time of the call
- Summary of what was discussed

Good documentation makes it easier to resolve issues quickly.

STEP 8: TRACK ALL MEDICAL EXPENSES

Create a physical or digital folder dedicated to your healthcare finances.

Keep copies of:

- Bills
- EOBs
- Receipts
- Prior authorization letters
- Appeal letters
- Payment plan agreements

Tracking expenses helps with budgeting and tax deductions. Many medical expenses can be deducted on your tax return if they exceed a certain percentage of your income.

STEP 9: ASK YOUR EMPLOYER ABOUT BENEFITS

If you receive insurance through your employer, you may have access to additional support resources.

Ask about:

- Short-term disability
- Long-term disability
- FMLA leave
- Job protection
- Workplace accommodations
- Employee Assistance Programs (EAPs)

EAPs often offer free emotional support, financial counseling, and caregiving resources.

STEP 10: EXPLORE GOVERNMENT PROGRAMS

Many patients qualify for federal and state assistance programs based on age, income, or disability status.

Programs to consider:

- Medicare
- Medicaid
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- VA healthcare and benefits
- State-level cancer assistance programs

A hospital social worker or patient navigator can help identify which programs fit your situation and assist with applications.

FINAL ENCOURAGEMENT

Paying for treatment can be stressful, but you do not have to face it alone. There are programs, organizations, and professionals ready to help lighten the financial burden. Each step you take, from understanding your insurance to asking questions, applying for assistance, and organizing your paperwork, gives you more clarity and control over your care.