

## Maryland Cancer Fund

### Attachment B: SAMPLE Non-MHIP Treatment Plan and Budget Template for Paying Fee-for-Service

Name of Organization/Entity applying for Grant: \_\_\_\_\_Dorchester County Health Department: \_\_\_\_\_

Patient Name: \_\_\_\_\_Jane Doe\_\_\_\_\_ Date of Birth: \_\_\_\_\_01/01/1943\_\_\_\_\_

Diagnosis: \_\_\_\_\_Colorectal Cancer\_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_02/07/2008\_\_\_\_\_

Comments: Client screened under CRF program. Found to have Stage II colorectal cancer. Needs surgery and chemotherapy.

Treatment Plan for (date) \_2/2008\_ to (date) \_10/2008\_ Primary Treating Physician's Name: \_\_\_\_\_

Procedure and frequency of Treatment	Date Anticipated	CPT Codes Anticipated (if applicable)	Estimated Costs	Basis for costs (Medicaid or HSCRC-regulated rate for each procedure)
CT of Abdomen	February,2008	74170	\$226	Medical Assistance
Hospitalization for colon resection with reanastomosis	February, 2008	See below		
Surgeon		44140	\$426	Medical Assistance
Anesthesiologist		44140-30	\$142	Medical Assistance
In-patient Pharmacy		Various (list if known)	\$500	HSCRC if regulated; Medical Assistance otherwise
In-patient Laboratory, EKG, blood tests, etc.		Various	\$1,000	HSCRC if regulated; Medical Assistance otherwise
In-patient Pathology		88309	\$236	HSCRC if regulated; Medical Assistance otherwise