



Cancer Treatment Plan and Budget

Name of Organization/Entity applying for Grant: Your County Health Department

Patient Name: Jane Doe Date of Birth: 01/01/1943

Diagnosis: Invasive well-moderately differentiated adenocarcinoma of the sigmoid colon Date of Diagnosis: 08/07/2008

Comments: _____

Treatment Plan from 09/2008 to 12/2008 Primary Treating Physician's Name: Dr. Dolittle
 (date) (date)

Procedure and Frequency of Treatment	Date Anticipated	Estimated Costs	Basis for costs (Medicaid rate, HSCRC-regulated rate, or MHIP rate)
<i>CT Chest</i>	<i>9/2008</i>	<i>259</i>	<i>HSCRC</i>
<i>CT Abdomen</i>	<i>9/2008</i>	<i>259</i>	<i>HSCRC</i>
<i>Outpatient Laboratory, EKG, blood work, etc.</i>	<i>9/2008</i>	<i>500</i>	<i>Medical Assistance</i>
<i>Surgeon</i>			<i>Medical Assistance</i>
<i>Anesthesiologist</i>			<i>HSCRC</i>
<i>In-patient pharmacy</i>		<i>500</i>	
<i>In-patient Laboratory, EKG, blood tests, etc.</i>		<i>1000</i>	<i>HSCRC</i>
<i>Inpatient Pathology</i>		<i>236</i>	<i>HSCRC</i>

<i>Hospital room fee, 7 day</i>		<i>7 x 1500=10500</i>	<i>HSCRC</i>
<i>Operating Room Fees</i>		<i>2264</i>	<i>HSCRC</i>
<i>Initial Surgeon visit-in patient</i>		<i>24</i>	<i>Medical Assistance</i>
<i>Surgeon visit X 7 – in patient</i>		<i>112</i>	<i>Medical Assistance</i>
<i>Surgical Outpatient visit X 4</i>		<i>155</i>	<i>Medical Assistance</i>
<i>Oncologist out patient visits X 16</i>		<i>691</i>	<i>Medical Assistance</i>
<i>Out-patient pharmacy</i>		<i>3000</i>	<i>Medical Assistance</i>
<i>Out-patient laboratory</i>		<i>500</i>	<i>Medical Assistance</i>
Sub Total for Treatment		\$20000	
Indirect costs (Maximum of 7%)		\$1400	
Total Requested (Treatment + Indirect)		\$21,400	