

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:	Colorectal Cancer	Date of Diagnosis:	02/07/2008
Comments: Client so	creened under CRF program. Found to l	nave Stage II colorectal cancer. Needs	surgery and chemotherapy.

 Treatment Plan from 02/2008 (date)
 to 10/2008 (date)
 Primary Treating Physician's Name: Dr. Dolittle

Procedure and Frequency of Treatment	Date Anticipated	Estimated Costs	Basis for costs (Medicaid rate, HSCRC-regulated rate, or MHIP rate)
CT of Abdomen	February,2008	\$226	Medical Assistance
Hospitalization for colon resection with reanastamosis	February, 2008		
Surgeon		\$426	Medical Assistance
Anesthesiologist		\$142	Medical Assistance
In-patient Pharmacy		\$500	HSCRC if regulated; Medical Assistance otherwise
In-patient Laboratory, EKG, blood tests,		\$1,000	HSCRC if regulated; Medical
etc.			Assistance otherwise
In-patient Pathology		\$236	HSCRC if regulated; Medical

			Assistance otherwise
Hospital room fee, 7 days		7 x 1500 =\$10,500	HSCRC
Operating room fees		\$3250	HSCRC
Initial surgeon visit—in patient		1 x \$ 24.50	Medical Assistance
Surgeon visits x 7—in patient		7 x \$ 16= \$112	Medical Assistance
Surgical out patient visits x 4	February-April, 2008	3 x 51.92=\$155.76	Medical Assistance
Oncologist out patient visits x 16	March-September, 2008	$\begin{array}{c} 1 \ x \ 136.30 = \$136.30 \\ 15 \ x \ 37.00 = \$555 \end{array}$	Medical Assistance
Out-patient pharmacy	March-September, 2008	\$5,000	Medical Assistance
Out-patient laboratory		\$500	Medical Assistance
Sub Total for Treatment		\$22,763.56	
Indirect costs		\$1400	
(Maximum of 7%)			
Total Requested		\$21,400	
(Treatment + Indirect)			