FAMILY CHECKLIST

Name _____

Your Family Financial Advocate's Name is _____

Phone Number _____

Do you understand your insurance coverage?

Is your plan in-network or out of network with Cincinnati Children's Hospital Medical Center?

_____

Co-Pay/Deductible_____ Coinsurance_____

Out of Pocket Cost_____ How much as been met for the year _____

Lifetime Max _____

Are you aware of any benefit limitations, if so what are they? _____

_____

_____

Please contact your insurance company to verify coverage and benefits.

Financial Assistance that is available.

[ ] **Medicaid**

You will want to be considered for all available programs, including: Traditional Medicaid, Medicaid Disability, Medicaid Spend Down and all other programs available; can be used as an additional insurance to assist with coverage on insurance co-pays, deductibles and co-insurances.

Medicaid Office Closest to Home:

_____

_____

_____

[ ] **Social Security Income (SSI) or Social Security Disability Income (SSDI)**

If you would like to know whether or not you qualify for SSI, you can be pre-screened at 1-800-772-1213. If denied, insist on a telephone or face-to-face interview with a caseworker to be technically denied and receive the technical denial letter. This may be needed in your state to apply for Disability Medicaid and/or Spenddown.

SSI Office Closest to Home:

_____

_____

_____

[ ] **Title V: Children with Special Health Care Needs State Programs**
This is a state-funded program that covers specific diagnosis for children with medical handicaps; can be used as an additional insurance to assist with coverage on insurance co-pays, deductibles and co-insurances.

Program Name: _____

Website: _____

Phone Number: _____

[ ] **Have you completed a CCHMC Financial Assistance Application?**
*(Please apply if you reside in the following counties: All Ohio state counties, Kenton, Boone, Campbell counties in Kentucky and Dearborn County in Indiana. Special approval needed for families outside of this area).*If you are approved for financial assistance please keep in mind that you must **reapply every 3 months and submit all documentation each time you apply.**

[ ] **Pharmacy Discount Program**
Struggling with prescription cost? Some pharmacies offer medications at significant cost savings, Contact the following Pharmacies for more information: Meijer's, Target, Walmart/Sam's Club, Some companies also offer other additional pharmaceutical discount programs. Please notify your Family Financial Advocate if you are having difficulty with any of your prescription costs

_____

_____

_____

[ ] **Other Charitable Programs or Foundations:**
If your child is in need of special equipment, therapies, surgeries or other services not covered by your insurance or necessary items that you can not afford, please notify your Family Financial Advocate and they will assist you in contacting additional programs or foundations that may be able to help.

_____

_____

_____

[ ] **Family Resource Center**
A resource to provide you direct access to computers, e-mail, CarePages, fax & packets of information regarding your child's particular diagnosis.
Location D2.70, 636-7606

[ ] **Special Needs Resource Directory**
This is a valuable tool to help with the coordination of medical, psychosocial care for children with specialized chronic health care needs. The directory can provide information on specific diagnosis and disabilities identify strategies to help advocate for your child, and develop community connections for ongoing support.
www.cincinnatichildrens.org/special-needs.

[ ] You can pay and view your bills using our **Online Billing Services.** Go to your website at:
www.cincinnatichildrens.org\online-billing