



University of Arizona
Cancer Center

Financing Your Treatment

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Insurance Benefit Verification and Authorization

- Annual Deductible – flat dollar amount prior to services being paid. Preventative services are typically excluded from the deductible.
- Co-payment – fixed dollar amount paid at the time of service.
- Co-insurance – dollar amount you must pay for services and is usually a percentage of allowed charges. It applies to out-of-pocket maximum.
- In-Network Provider – Provider contracted with insurance plan.
- Out-of-Network Provider – Provider not contracted with insurance plan

Insurance Benefit Verification and Authorization

- Maximum Out-of-Pocket – annual amount that will be paid by patient before benefits will provide 100% coverage. Usually has individual and family amounts.
- Covered Benefits – services that will be reimbursed by the insurance plan.
- Exclusions – services that are not reimbursed by the insurance plan.
- Prior Authorization – Services that require the insurance plan to approve before they are provided. A number will be given by the insurance plan and must be placed on claim.
- Pre-Determination – Services that might not be covered that you want to verify coverage prior to providing (e.g. – off label drugs).

Type of Patient Assistance

- Identify Patient's Out-of-Pocket Costs (IV & Oral)
 - Co-pay assistance
 - Help to pay patient's deductible and/or co-insurance for drugs
 - Register patient
 - Line item explanation of benefits needed
 - Foundation assistance
 - Usually used with Medicare patients with no supplemental/secondary
 - Register patient
 - Line item explanation of benefits might be needed
 - Register for free drug/drug recovery program
 - When drug is possibly not going to be covered by insurance

Uninsured Patients

- Identify obstacles for insurance coverage
 - Residency
 - Financial
- Identify potential programs available
 - Marketplace
 - AHCCCS
- Identify cost of services to be provided
 - Financial liability calculation
- Identify payment expectations
 - Communicate expectations and timing

Payment Expectations

- Insured (hospital based clinic - bills facility and professional services separately)
 - Co-pay, co-insurance, deductible estimated by finance team and collected at check-in
 - Partial payments and payment plans not available for outpatient services
- Uninsured
 - Prompt Pay Discount
 - Pay estimated discount rates at time of service
 - Basic Financial Assistance
 - Discounted rate for qualified patients
 - Totally uninsured (no emergency or hospital only coverage)
 - Meet income requirements
 - Full Billed Charges
 - If additional services are provided above estimate and not paid within 35 days of statement receipt



University of Arizona Cancer Center

Mission Statement:

We exist to make a difference in people's lives
through excellent patient care.

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