



October 7, 2021 ~ Boston, MA
Insurance & Finance Intensive

Registration Form

Please answer the following questions to register for a free Triage Cancer Insurance & Finance Intensive in Boston, MA on October 7, 2021. Please return this completed form to info@TriageCancer.org.

Thank you.

First Name: _____ Last Name: _____

Email Address: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip _____

Company/Organization (if applicable) _____

Title (if applicable) _____

How did you hear of this intensive? _____

Are you planning on requesting free continuing education credits?

- Yes, nursing
- Yes, social work
- N/A

Do you need an accommodation (e.g., special meal, wheelchair accessible, etc.)?

- Yes
- No

If you need an accommodation, please describe: _____

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We appreciate your time to answer the questions below so that we may better address your needs during the intensive.

1. Is the average age of the patients you serve?

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 51-60 |
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 61-70 |
| <input type="checkbox"/> 26-40 | <input type="checkbox"/> 71-80 |
| <input type="checkbox"/> 41-50 | <input type="checkbox"/> Over 80 |

2. Do your patients ask for guidance on possible health insurance options?

- Yes
- No
- N/A

3. How comfortable are you answering patients' questions about health insurance options?

- | | |
|---|---|
| <input type="checkbox"/> Very Comfortable | <input type="checkbox"/> Somewhat Comfortable |
| <input type="checkbox"/> Comfortable | <input type="checkbox"/> Not Comfortable |

4. How comfortable are you answering patients' questions about changes to our health care system?

- | | |
|---|---|
| <input type="checkbox"/> Very Comfortable | <input type="checkbox"/> Somewhat Comfortable |
| <input type="checkbox"/> Comfortable | <input type="checkbox"/> Not Comfortable |

5. Do your patients ask you for help appealing health insurance claim denials?

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> No | |

6. Have your patients ever asked you for help navigating short and long-term disability insurance options?

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> No | |

7. Do your patients ask you for help appealing disability insurance claim denials?

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> No | |

8. How comfortable are you answering patients' questions about the disability appeals process?

- | | |
|---|---|
| <input type="checkbox"/> Very Comfortable | <input type="checkbox"/> Somewhat Comfortable |
| <input type="checkbox"/> Comfortable | <input type="checkbox"/> Not Comfortable |

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9. Do your patients ask for guidance on managing their finances?

Yes

N/A

No

10. How comfortable are you answering patients' questions about managing their finances?

Very Comfortable

Somewhat Comfortable

Comfortable

Not Comfortable

11. What is the biggest concern your patients have with respect to insurance and finances?
