



August 26, 2022 ~ Chicago, IL Insurance & Finance Intensive

Registration Form

Please answer the following questions to register for a free Triage Cancer Insurance & Finance Intensive on August 26, 2022, in Chicago, IL. 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 a (please check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Oncology Social Worker | <input type="checkbox"/> Individual diagnosed with cancer (in-treatment) |
| <input type="checkbox"/> Oncology Nurse | <input type="checkbox"/> Individual diagnosed with cancer (post-treatment) |
| <input type="checkbox"/> Oncology Navigator | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Individual diagnosed with cancer (pre-treatment) | |

What age range applies to you?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 0-18 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 19-39 | <input type="checkbox"/> Prefer not to share |
| <input type="checkbox"/> 40-64 | |

I identify my race/ethnicity as:

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Hispanic or Latinx | _____ |
| <input type="checkbox"/> Middle Eastern or North African | |

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What gender do you most identify with?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Non-binary/non-conforming |
| <input type="checkbox"/> Man | <input type="checkbox"/> A gender not listed here |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer not to answer |

Do you need an accommodation?

- Yes
 No

If you need an accommodation, please describe: _____

Have you ever attended an in-person event at which we presented? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Triage Cancer Webinar | <input type="checkbox"/> Triage Cancer In-Service Training – Navigating Cancer Work & Insurance |
| <input type="checkbox"/> Triage Cancer Conference | <input type="checkbox"/> Partner organization event |
| <input type="checkbox"/> Triage Cancer Insurance & Finance Intensive | <input type="checkbox"/> I have not attended an in-person Triage Cancer event before |

Have you ever utilized Triage Cancer educational resources? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Quick Guides & Checklists | <input type="checkbox"/> Triage Cancer blog |
| <input type="checkbox"/> Animated Videos | <input type="checkbox"/> State resources |
| <input type="checkbox"/> Charts of state laws | <input type="checkbox"/> Other |
| <input type="checkbox"/> CancerFinances.org | _____ |

What are you in need of this training?

- | | |
|---|---|
| <input type="checkbox"/> Patients ask me these questions | <input type="checkbox"/> To advocate for policy and legislative changes related to these topics |
| <input type="checkbox"/> To better help my patients navigate these issues | <input type="checkbox"/> Free continuing education |
| <input type="checkbox"/> To increase my understanding of these topics | <input type="checkbox"/> Other |
- _____

How do you plan to use the information from the event?

- | | |
|---|--|
| <input type="checkbox"/> To better help my patients navigate these issues | <input type="checkbox"/> To help a family member or friend navigate these issues |
| <input type="checkbox"/> To advocate for policy and legislative changes related to these topics | <input type="checkbox"/> To help myself navigate these issues |
| | <input type="checkbox"/> Other |
- _____

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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. What type of cancer are the majority of your patients diagnosed with?

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

Under 18

18-25

26-40

41-50

51-60

61-70

71-80

Over 80

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

Yes

No

N/A

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

Very Comfortable

Comfortable

Somewhat Comfortable

Not Comfortable

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

Very Comfortable

Comfortable

Somewhat Comfortable

Not Comfortable

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

Yes

No

N/A

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

Yes

No

N/A

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

Yes

No

N/A

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

- Very Comfortable
- Comfortable

- Somewhat Comfortable
- Not Comfortable

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

- Yes
- No

- N/A

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

- Very Comfortable
- Comfortable

- Somewhat Comfortable
- Not Comfortable

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

Pre-Test Questions

Please answer the following questions to the best of your ability. The results help us gauge the effectiveness of these trainings. Please do not Google the answers to these questions.

1. Which of the following are typically included in an out-of-pocket maximum?

- A. Deductible
- B. Co-Payments
- C. Co-Insurance
- D. Premiums
- E. A, B, and C
- F. All of the above

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2. A patient should pay a medical bill...
- A. As soon as they receive it from their health care provides
 - B. Not until they receive the explanation of benefits from their insurance company
 - C. Any time before the due date
 - D. If their provider is refusing to continue care until the bill is paid
3. Medicare Part B will pay 100% of a patient's bills...
- A. Once they have hit their out-of-pocket maximum
 - B. Once they have met their deductible
 - C. If they have a Medicare supplemental plan
 - D. Never
4. Patients may use their accrued paid time off and sick time concurrently with FMLA leave...
- A. Only if required by their employer
 - B. Only if they choose to do so
 - C. Either if required by their employer or if they chose to do so
 - D. Never
5. A patient may receive SSDI if they are also collecting benefits from a private long term disability insurance policy.
- True
 - False
6. Which of the following statements are true about reasonable accommodations?
- A. An employer can deny a reasonable accommodation to someone who has not been employed at least 12 months
 - B. Employers are required to provide a reasonable accommodation to eligible employees unless it is an undue hardship or direct threat
 - C. Eligible employees are entitled to one accommodation per year
 - D. None of the above
 - E. All of the above