

Triage Cancer Insurance & Finance Intensive ~ Virtual Registration Form

Please answer the following questions to register for the free Triage Cancer Insurance & Finance Intensives. If you have questions, please email 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?			
Please select the Triage Cancer Insurance of following dates are virtual events): March 21, 2023 April 20, 2023 June 15, 2023 July 28, 2023 August 24 & 25, 2023 November 8, 2023	& Finance Intensives you woul	d like to register fo	or (please note, the
Are you planning on requesting free conting Yes, nursing Yes, social work N/A	nuing education credits?		
Do you need an accommodation (e.g., spe Yes No	cial meal, wheelchair accessib	le, etc.)?	
If you need an accommodation, please des	scribe:		

6348 N. Milwaukee Ave. #136 • Chicago, IL 60646 • Phone 424.258.4628 • Fax 424.258.7064 • https://TriageCancer.org

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

2.	Is the average age of the patients you serve?		
	Under 18		51-60
	18-25		61-70
	26-40		71-80
	41-50		Over 80
	41 30		, OVE. 00
3.	Do you patents ask for guidance on possible health insurance	opti	ons?
	Yes		
	No		
	N/A		
4.	How comfortable are you answering patients' questions about	t he	
	Very Comfortable		Somewhat Comfortable
	Comfortable		Not Comfortable
5.	How comfortable are you answering patients' questions about	t cha	
	Very Comfortable		Somewhat Comfortable
	Comfortable		Not Comfortable
_			
6.	Do your patients ask you for help appealing health insurance of	clain	
	Yes		No
			N/A
_			
7.	Have your patients ever asked you for help navigating short ar	nd Io	
	Yes		No
			N/A
•			
8.	Do your patients ask you for help appealing disability insurance	e ci	
	Yes		No
			N/A
9.	How comfortable are you answering patients' questions about	t the	e disability appeals process?
	Very Comfortable		Somewhat Comfortable
	Comfortable		Not Comfortable

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10. Do your patients ask for guidance on managing their final Yes	nces? No N/A
11. How comfortable are you answering patients' questions a Very Comfortable Comfortable	about managing their finances? Somewhat Comfortable Not Comfortable
12. What is the biggest concern your patients have with response	ect to insurance and finances?

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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.	A. Deductible B. Co-Payments C. Co-Insurance D. Premiums E. A, B, and C All of the above
2.	A patient should pay a medical bill A. As soon as they receive it from their health care provider B. Not until they receive the explanation of benefits from their insurance company C. Anytime 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 choose to do so D. Never
5.	An individual may receive SSDI and collect private long-term disability insurance benefits at the same time. A. True B. False

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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 a direct threat.
	C. Eligible employees are entitled to one accommodation per year.
	D. None of the above.
	E. All of the above.