

## Maryland Cancer Fund Cancer Treatment Plan and Budget

Name of Organization/Entity applying for Grant: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: Invasive well-moderately differentiated adenocarcinoma of the sigmoid colon

Date of Diagnosis: \_\_\_\_\_

Comments: \_\_\_\_\_

Treatment Plan for (date) \_\_\_\_\_ to (date) \_\_\_\_\_ Primary Treating Physician's Name: \_\_\_\_\_

<b>Procedure and frequency of Treatment</b>	<b>Date Anticipated</b>	<b>CPT Codes Anticipated (if applicable)</b>	<b>Estimated Costs</b>	<b>Basis for costs (Medicaid or HSCRC-regulated rate for each procedure; OR MHIP rates)</b>
CT Chest	9/2008	71270	\$259.00	HSCRC
CT Abdomen	9/2008	74170	\$259.00	HSCRC
Outpatient Laboratory, EKG, blood work, etc.	9/2009	Various	\$500.00	Medical Assistance
Surgeon				Medical Assistance
Anesthesiologist				HSCRC
In-patient pharmacy		Various	\$500.00	
In-patient Laboratory, EKG, blood tests, etc.		Various	\$1,000.00	HSCRC
In-patient Pathology			\$236.00	HSCRC
Hospital room fee, 7 days			7 x 1500= \$10,500	HSCRC
Operating Room Fees			\$2,264	HSCRC

Initial Surgeon visit-in patient		99222	\$24.00	Medical Assistance
Surgeon visits x 7 –in patient		99232	\$112.00	Medical Assistance
Surgical Outpatient visits x 4		99213	\$155.00	Medical Assistance
Oncologist out patient visits x 16			\$691.00	Medical Assistance
Out-patient pharmacy		Various	\$3,000	Medical Assistance
Out-patient laboratory		Various	\$500	Medical Assistance
<b>Sub Total for Treatment</b>			\$20,000.00	
<b>Indirect costs</b> (Maximum of 7% of total for Local Health Departments, 10% for non-LHD applicants)			\$1,400.00	
<b>Total Requested (Treatment + Indirect)</b>			\$21,400.00	