

Maryland Cancer Fund Cancer Treatment Plan and Budget

Name of Organization/Entity applying for Grant: _____

Patient Name: _____

Date of Birth: _____

Diagnosis: Right ovarian mass, rule out ovarian cancer

Date of Diagnosis: _____

Comments: Has finding suggestive of ovarian cancer and needs to obtain a diagnosis

Treatment Plan for September 2008 to August 2009

Primary Treating Physician's Name: _____

Procedure and frequency of Treatment	Date Anticipated	CPT Codes Anticipated (if applicable)	Estimated Costs	Basis for costs (Medicaid or HSCRC-regulated rate for each procedure; OR MHIP rates)
Pelvic and transvag ultrasound	September 2008	76856, 76830	\$562 (281.23 + 281.23)	HSCRC
Xray interpretation	September 2008	76856, 76830	\$116 (58.20+ 57.77)	Medicaid
Lab: CA 125	September 2008		\$66	HSCRC
Gyn oncology consult	October 2008	99244	\$149	Medicaid
CT pelvis and abd	October 2008	74160, 72913	\$1000	HSCRC
Rad reading of ct	October 2008	74160, 72913	\$452	Medicaid
Exploratory lap, tumor debulking	November 2008	49000, 58952	\$2122 (581.22 + 1541)	Medicaid
Anesthesia	November 2008		\$200	Medicaid
In patient pharmacy	November 2008		\$500	HSCRC
In patient lab	November 2008		\$1000	HSCRC
Hospital room x 2 days	November 2008		\$3000	HSCRC
OR x 2 hours	November 2008		\$3000	HSCRC
Inpatient surgeon visit	November 2008		\$50	HSCRC
Outpatient pharmacy	Dec 2008-Aug		\$1000	Medicaid

	2009			
Outpatient lab	Dec 2008-Aug 2009		\$500	Medicaid
Out patient Medical onc consult	Dec 2008	99245 x 6	\$588	Medicaid
Chemo	Jan 2009		\$10,000	Medicaid
Follow up Medical onc consult				
Sub Total for Treatment			\$24,305	
Indirect costs (Maximum of 7% of total for Local Health Departments, 10% for non-LHD applicants)			\$2000	
Total Requested (Treatment + Indirect)			\$22,000	