Community Resources Project

Lakeview College of Nursing

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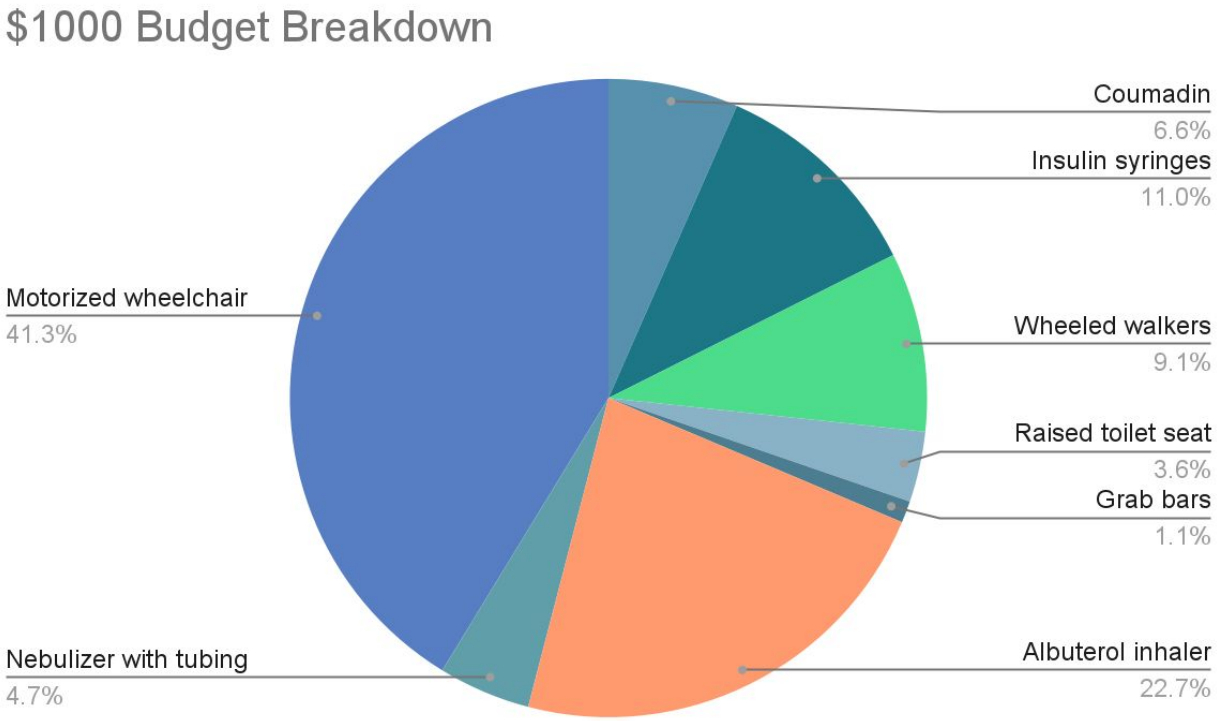
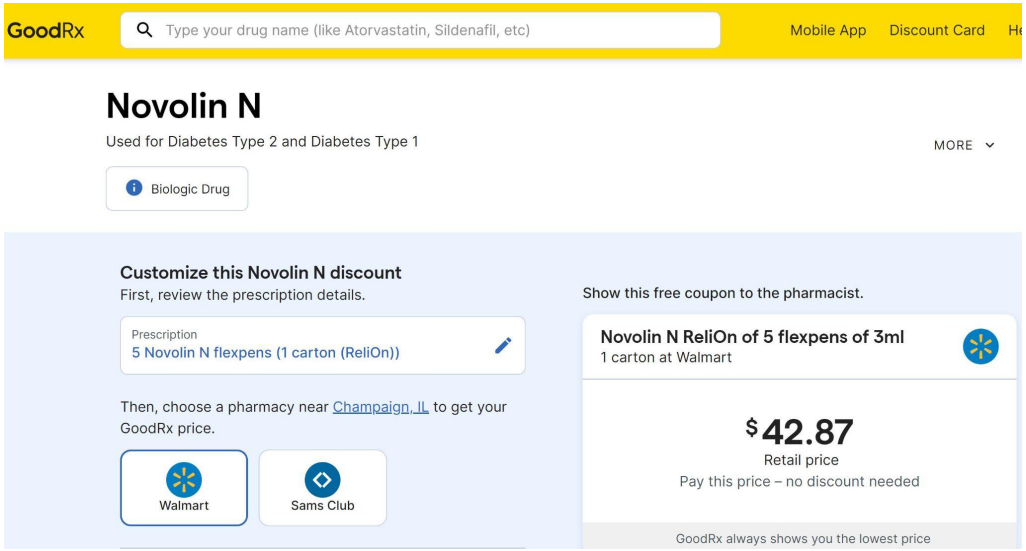
John's Health Care Needs:



NPH Insulin is very expensive, and would cost over 500 dollars over 12 months, even with discount.



NPH Insulin

DUE to John's current situation, he may qualify for full medication coverage for NPH insulin.

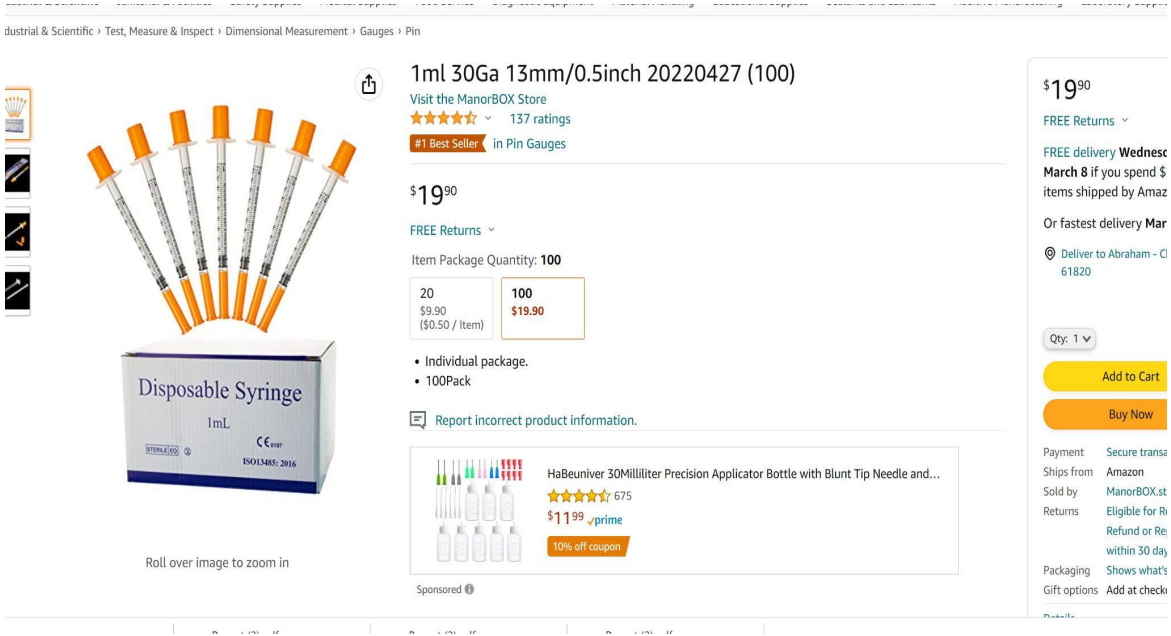
Patient Assistance Program

The Novo Nordisk Patient Assistance Program (PAP) is based on our commitment to our patients. The Patient Assistance Program provides medication at no cost to those who qualify.

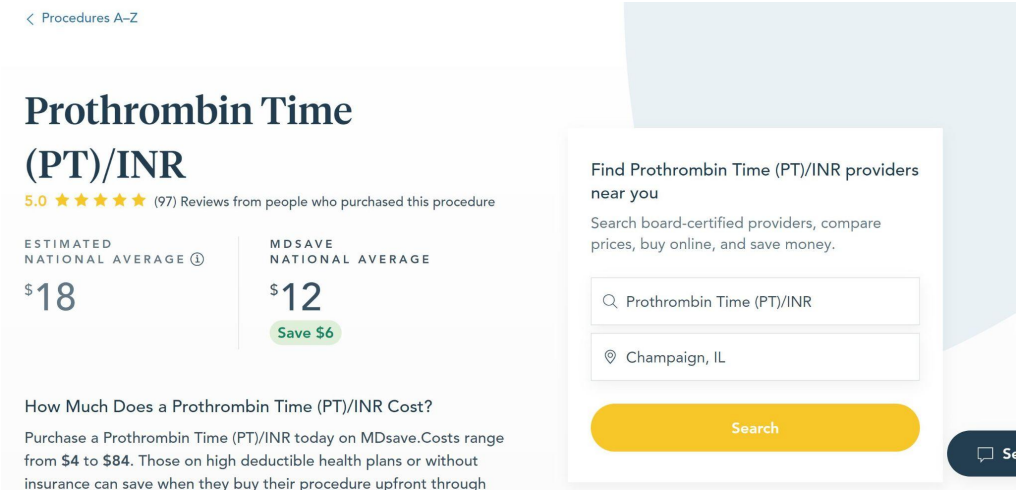
Patients who are approved for the PAP may qualify to receive free medicine from Novo Nordisk. There is no registration charge or monthly fee for participating.

Click here for a list of our Novo Nordisk products covered by the PAP.

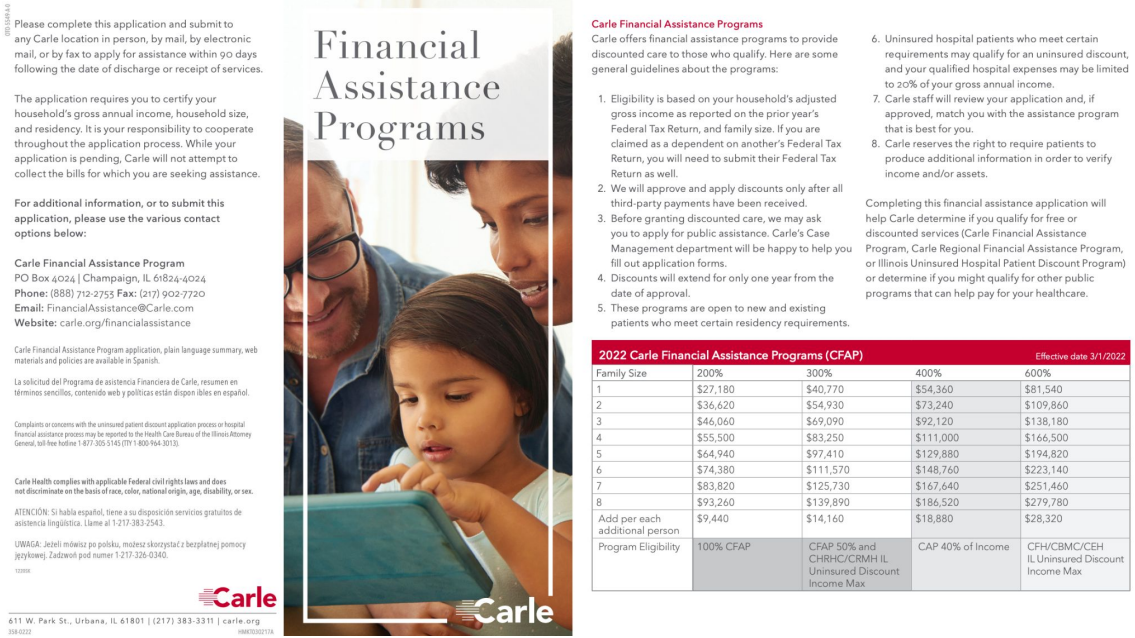
Insulin syringes would cost John $80 in total



Normally, PT/INR test would cost John $1040 for a year if he gets tested every week. With Carle Financial Assistance program, he can get this for free.



- The Carle Financial Assistance Program lasts for one year
- John is eligible due to his financial hardships



Please complete this application and submit to any Carle location in person, by mail, by electronic mail, or by fax to apply for assistance within 90 days following the date of discharge or receipt of services.

The application requires you to certify your household's gross annual income, household size, and residency. It is your responsibility to cooperate throughout the application process. While your application is pending, Carle will not attempt to collect the bills for which you are seeking assistance.

For additional information, or to submit this application, please use the various contact options below:

Carle Financial Assistance Program
PO Box 4024 | Champaign, IL 61824-4024
Phone: (888) 712-2755 **Fax:** (217) 902-7720
Email: FinancialAssistance@Carle.com
Website: carle.org/financialassistance

Carle Financial Assistance Program application, plain language summary, web materials and policies are available in Spanish.

La solicitud del Programa de asistencia Financiera de Carle, resumen en términos sencillos, contenido web y políticas están dispon ibles en español.

Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General, toll-free hotline 1-877-305-5145 (TTY 1-800-964-3013).

Carle Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-217-383-2543.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-217-326-0340.

Carle

611 W. Park St., Urbana, IL 61801 | (217) 383-3311 | carle.org

Financial Assistance Programs

Carle Financial Assistance Programs

Carle offers financial assistance programs to provide discounted care to those who qualify. Here are some general guidelines about the programs:

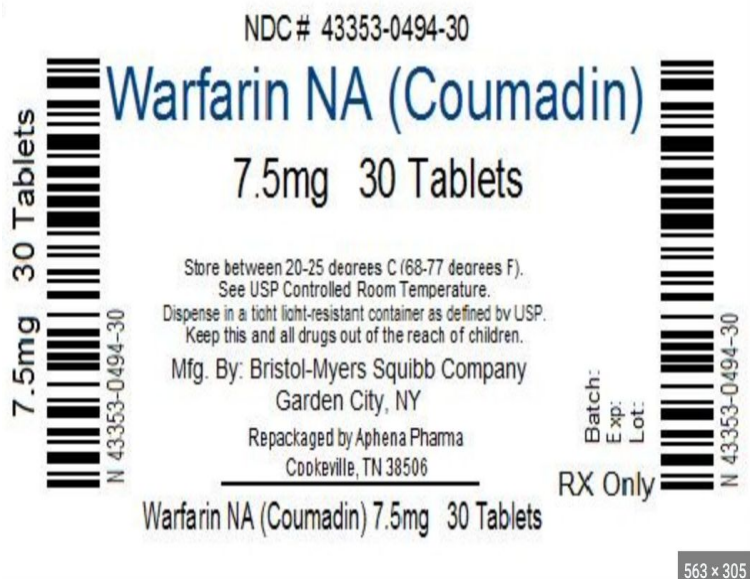
1. Eligibility is based on your household's adjusted gross income as reported on the prior year's Federal Tax Return, and family size. If you are claimed as a dependent on another's Federal Tax Return, you will need to submit their Federal Tax Return as well.
2. We will approve and apply discounts only after all third-party payments have been received.
3. Before granting discounted care, we may ask you to apply for public assistance. Carle's Case Management department will be happy to help you fill out application forms.
4. Discounts will extend for only one year from the date of approval.
5. These programs are open to new and existing patients who meet certain residency requirements.
6. Uninsured hospital patients who meet certain requirements may qualify for an uninsured discount, and your qualified hospital expenses may be limited to 20% of your gross annual income.
7. Carle staff will review your application and, if approved, match you with the assistance program that is best for you.
8. Carle reserves the right to require patients to produce additional information in order to verify income and/or assets.

Completing this financial assistance application will help Carle determine if you qualify for free or discounted services (Carle Financial Assistance Program, Carle Regional Financial Assistance Program, or Illinois Uninsured Hospital Patient Discount Program) or determine if you might qualify for other public programs that can help pay for your healthcare.

2022 Carle Financial Assistance Programs (CFAP) Effective date 3/1/2022

Family Size	200%	300%	400%	600%
1	$27,180	$40,770	$54,360	$81,540
2	$36,620	$54,930	$73,240	$109,860
3	$46,060	$69,090	$92,120	$138,180
4	$55,500	$83,250	$111,000	$166,500
5	$64,940	$97,410	$129,880	$194,820
6	$74,380	$111,570	$148,760	$223,140
7	$83,820	$125,730	$167,640	$251,460
8	$93,260	$139,890	$186,520	$279,780
Add per each additional person	$9,440	$14,160	$18,880	$28,320
Program Eligibility	100% CFAP	CFAP 50% and CFRHC/CRMH IL Uninsured Discount Income Max	CAP 40% of Income	CFH/CBMC/CEH IL Uninsured Discount Income Max

Coumadin will cost John $48.00 for a 12-month supply through GoodRx



warfarin 7.5mg

30 tablets at Walmart

$4.00

Retail price

Pay this price – no discount needed

GoodRx always shows you the lowest price

Sanofi Patient Connection

- Clinical support services
- Nutritional supplements (groceries, food banks, etc.)
- Transportation information
- Health product supplies
- Home care services support (shelters, utilities, etc.)
- Sharps support services

Sanofi Eligibility Requirements

PATIENT ASSISTANCE CONNECTION

Provides certain Sanofi prescription medications at no cost to patients who meet program eligibility requirements. This component of the program is made possible through Sanofi Cares North America.

Eligibility Requirements include[1]:

- Patient must be a resident of the U.S. or U.S. Territories and be under the care of a licensed healthcare provider authorized to prescribe, dispense and administer medicine in the U.S. or U.S. territories
- Patient must have no insurance coverage or, for commercially insured patients, have no access to the prescribed product or treatment via insurance
- Patient must have an annual household income of ≤400% of the current Federal Poverty Level[2]. If patient may be eligible for Medicaid, they will be required to provide documentation of Medicaid denial before being assessed for patient assistance eligibility

John can get a free 12-month supply of the glucometer kit through the Sanofi financial assistance program

Pride Mobility Go Go 3 Scooter

$300 Used

Two wheeled walkers with seat

John is able get two wheeled walkers for $66.00 with shipping. John will have the walkers shipped to his house. The walker is made with high quality and comfortable fabric.

Raised Toilet Seat

The raised toilet seat is $26.00 with free shipping. The toilet seat will be shipped to John’s house no greater than 2 days.

HealthSmart Raised Toilet Seat Riser That Fits Most Standard Bowls for Enhanced Comfort and Elevation with Slip Resistant Pads, 15x15x5, New and Improved

Brand: HealthSmart

12,821 ratings | 127 answered questions

Amazon's Choice for "raised toilet seat for seniors"

$23.78 ($23.78 / Count)

Get **Fast, Free Shipping** with Amazon Prime

Get $50 off instantly: Pay $0.00 ~~$23.78~~ upon approval for the Amazon Rewards Visa Card. No annual fee.

$23.78 ($23.78 / Count)

Get **Fast, Free Shipping** with Amazon Prime

FREE delivery **Saturday, March 4** on orders shipped by Amazon over $25

Or fastest delivery **Tuesday, February 28**. Order within 2 hrs 49 mins

Select delivery location

In Stock

Qty: 1

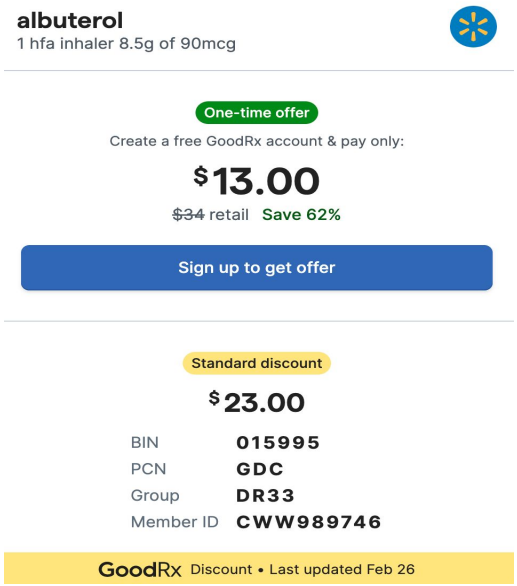
Add to Cart

Grab bars for bathroom toilet and shower

Both the grab bars for the bathroom toilet and shower are a total of $29.00. The bars come with the tools needed to easily self-install them in the bathroom.

Albuterol inhaler

With the coupon for goodRx, the albuterol inhaler will cost $165.00 for 2 puffs x q6h x 12 months



The nebulizer will cost $34.00 with free shipping through the Direct Home Medical

Philips Respironics InnoSpire Essence Compressor Kit with Reusable & Disposable SideStream Nebulizers

4.89 AVERAGE RATING OF 70 REVIEWS Read Reviews

$50.00 **On Sale $34.00**

– 1 +

ADD TO CART

IN STOCK WITH FREE SHIPPING

This item includes Free Shipping within the USA.

John’s medical expenses cost him a total of $668.00 for 12 months

John will save $332.00

THANK YOU

References

Novo Nordisk. (2022). *Patient assistance program*.

https://www.novocare.com/diabetes-overview/let-us-help/pap.html

Sanofi-Aventis US. (2022). *Patient assistance connection*.

https://www.sanofipatientconnection.com/patient-assistance-connection

Carle Foundation Hospital. (2022). *Financial assistance program.*

https://carle.org/getmedia/61308d9a-9998-4742-a484-6f4fc05e043c/CFAP-Application-English.PDF