



## **Deary Memorial Cancer Fund**

### **Screening & Eligibility Guidelines**

#### **Purpose:**

The purpose of the Day Kimball Hospital Deary Memorial Cancer Fund is to provide cancer related services and treatment to individuals in our community who otherwise may not have the financial resources available to obtain needed medical attention.

#### **Eligibility Requirements:**

1. Resides in Northeastern Connecticut. (13 Towns served by Day Kimball Hospital)  
**Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson and Woodstock**
2. Client is an out-patient.
3. Has a primary care physician with privileges at Day Kimball Hospital.
4. Physician has determined the need for the service.
5. Has no insurance **or** has co-insurance with deductible or co-payment greater than \$500.
6. Maximum assistance of \$5,000 per year, renewable annually.
7. Meet American Cancer Society Guidelines.

#### **Screening Procedure:**

1. All potential clients requesting assistance with payment of cancer related services must contact  
(A) The Connecticut Breast and Cervical Cancer Early Detection Program Case Manager at  
**(860) 928-6541 Ext. 2011.**  
OR  
(B) A Day Kimball Hospital Patient Accounts Financial Counselor at  
**(860) 928-6541 Ext. 3316 or Ext. 2219**
2. CBCCEDP Case Manager will screen potential clients to determine insurance eligibility, eligibility for enrollment in the CBCCEDP or other potential pay sources.
3. Clients not eligible for the CBCCEDP will be referred to a Patient Accounts Financial Counselor.
4. Patient Accounts Financial Counselor will screen potential clients for eligibility for the Day Kimball Hospital Deary Memorial Cancer Fund.
5. Bills for services of clients eligible for DKH Deary Memorial Cancer Fund will be submitted to Philanthropy on a timely basis by the Patient Accounts Department.