

DEARY MEMORIAL CANCER FUND
Screening & Eligibility Guidelines

PURPOSE:

The Purpose of the Day Kimball Hospital Deary Memorial Cancer Fund is to provide screening, diagnostic or treatment services to individuals in our community who otherwise may not have the financial resources available to obtain needed medical attention.

ELIGIBILITY REQUIREMENTS:

1. Individual resides in Northeastern Connecticut (13 towns serviced by Day Kimball Hospital): **Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson and Woodstock.**
2. Individual is outpatient or receiving inpatient chemotherapy.
3. Individual has a primary care physician with privileges at Day Kimball Hospital.
4. Physician has determined the need for the service.
5. Individual has no insurance or has a high deductible or co-payment.
6. Maximum assistance of \$5,000 per year, renewable annually.
7. Individual meets American Cancer Society Guidelines

SCREENING PROCEDURE:

All individuals requesting assistance with payment of approved services must contact a Day Kimball Hospital Patient Accounts Financial Counselor at (860) 928-6541 ext 3316 or ext 2219.