

# FINANCES



In this section, you will learn about:

- Who can help you with financial matters
- Drug coverage
- LRCP Patient Assistance Program
- Income Replacement
- Claiming medical expenses on your income tax return



If you are dealing with a cancer diagnosis, you may have a lot of concerns and worries on your mind. Some of these concerns may be about money since cancer treatment can involve many unexpected expenses, such as medication and travel costs. It is important to remember that help is available.

## Who can help me if I am worried about money?

There are members of your health care team that can help you with your financial questions.

The **drug access facilitator** can help you and your family understand your drug coverage options.

A **social worker** can help you find sources of financial help and services in your community. See the section called 'Counselling' to learn more about social workers and how to contact them.

Drug Access  
Facilitator

(by appointment only)  
519-685-8600 ext. 54519

## What can I do if I need more help claiming my expenses?

If you need more help claiming your medical expenses on your income tax return, contact a chartered accountant or your financial advisor. You can also contact Canada Revenue Agency for more information.

## Understanding Your Drug Coverage

It is important to know the type of drug coverage you have as early as possible. Knowing your drug coverage options can prevent delays in your cancer treatment. If you are admitted to the hospital as an inpatient, most medications are covered by the hospital. If you are being treated as an outpatient, you may have to pay for the medications that you take home.

Use this chart to understand what you need to know before your doctor gives you a prescription.

Type of coverage	What you need to know
<p><u>Private:</u> You, your spouse or your parent may have a drug plan through work or you may pay for one privately.</p>	<ul style="list-style-type: none"> <li>• Private coverage does not mean it covers everything.</li> <li>• When contacting your private plan about drug coverage, it is good to have the DIN (Drug Identification Number) ready for each drug.</li> <li>• On your first visit, bring your insurance paperwork and your plastic insurance card (if you have one).</li> </ul> <p><b>Questions to ask your drug plan provider:</b></p> <ul style="list-style-type: none"> <li>• Does your plan cover the full cost of all medications prescribed? If not, what percentage does your plan cover?</li> <li>• Do you pay a deductible? If yes, how much?</li> <li>• Is there an annual or lifetime maximum for medication coverage? If yes, what is the maximum and how much is remaining?</li> </ul>
<p><u>Provincial:</u> Through the Ontario Drug Benefit Program (ODB).</p>	<ul style="list-style-type: none"> <li>• Ontario residents with an OHIP card are eligible for drug benefits through the ODB program. Not all drugs are covered. To be eligible, <b>one</b> of the following must apply to you:             <ul style="list-style-type: none"> <li>○ You are 65 years of age or older.</li> <li>○ You are receiving social assistance (e.g., Ontario Works (OW) or Ontario Disability Support Program (ODSP)).</li> <li>○ You have nursing support at home through the Home Community Care program and have a temporary drug card.</li> <li>○ If you do not qualify for any of the above, you can apply for the Trillium Drug Program.</li> </ul> </li> </ul>

Type of coverage	What you need to know
No coverage	<ul style="list-style-type: none"> <li data-bbox="634 289 1372 369">• If you do not have extra coverage, you will have to pay for your medicines.</li> <li data-bbox="634 403 1372 619">• You should apply for provincial coverage through the Trillium Drug Program. Everyone can apply to this plan. Pick up a form at any pharmacy or call 1-800-575-5386. You can also get the form at <a href="http://www.health.gov.on.ca">www.health.gov.on.ca</a>.</li> </ul>

**Ontario Health Insurance Plan (OHIP):** For more information on health card registration, renewal, and out-of-province/country claim submission, please see the OHIP contact information under ‘Financial contacts’.

**OHIP+:** OHIP+ makes more than 4,400 drug products free for anyone age 24 years or younger who is not covered by a private plan. You can check medication coverage online at:

<http://www.health.gov.on.ca/en/pro/programs/drugs/ohiplus/>

## Other Expenses

Call your private insurance provider to find out if they pay for services such as a registered massage therapist or physiotherapist. Some private insurance providers may also help pay for things such as wigs or prostheses.

## LRCP Patient Assistance Program

The **LRCP Patient Assistance Program** provides emergency, short-term help so people can focus on recovery instead of how to pay for the costs from their cancer care.

Financial assistance is available when funding from other sources and services is not. Expenses made within six months of the date of application will be considered. There is a form at the end of this section.



**Keep your receipts** for anything related to your cancer care. These receipts will be helpful for income tax purposes or if you are applying for funding through your private insurance or the patient assistance program.

### **Who can apply to the Patient Assistance Program?**

Any adult who is:

- Undergoing treatment at LRCP and/or its affiliated southwestern Ontario regional partner sites
- Experiencing a financial burden as a result of their cancer diagnosis and treatment

Applicants are expected to use other sources of funding before using the Patient Assistance Program (e.g., from the workplace, Ontario Works, Ontario Disability Support Program, Assistive Devices Program, Home and Community Care).

### **What kind of funding is available?**

Funding is available for wigs or other head coverings, prostheses, equipment rentals, drugs that are not covered by other plans, childcare during treatment, and more.

The Patient Assistance Program **does not** cover private pay chemotherapy, tests or procedures that are not covered by OHIP, out-of-province travel costs, living expenses, meals, or gas.

### **How can I apply?**

An application form is included at the end of this section. Forms are also available in the Patient and Family Resource Centre. Complete an application form and bring it to the Patient and Family Resources Centre or mail it to the address listed on the application.

## Patient Assistance Program Information

### **What is the LRCP Patient Assistance Program?**

The LRCP Patient Assistance Program is a not-for-profit charitable program that receives 100% of its funds from fund-raising events and the generosity of private donations.

### **How does the process work?**

Patients who are experiencing financial hardship should complete an application form and submit it in the box in the Patient and Family Resource Centre on Level 1 of LRCP. Applications are reviewed and follow-up letters are sent to applicants.

### **What do I need to submit to be reimbursed?**

The Program requires **original receipts**, as well as a completed application form.

**You must also submit a note from the appropriate health care provider with the application form when requesting financial assistance for the following:**

- Nutritional Beverages – a note from the Registered Dietitian on your oncology health care team
- Massage/Physiotherapy – a note from your Oncology Doctor explaining the need for such treatment
- Dental work/Hearing aids

A cost estimate or quote must also be submitted when requesting assistance for the following:

- Equipment rental or purchase
- Personal support worker and support in home (cost per hour, number of hours required per day and for how long)
- Daycare
- Dental work and hearing aids
- Massage or physiotherapy (cost per session, number of sessions required) from Registered Massage Therapist/Registered Physiotherapist

## Can I submit receipts for reimbursement at any time?



The Program cannot accept receipts that are older than 6 months. Funding is available for emergency, short-term situations when funding from other sources and services is not available.

## How do I get reimbursed for my transportation and parking expenses?

We work with the Canadian Cancer Society's (CCS) Wheels of Hope to encourage our patients to use this service whenever possible. The LRCP Patient Assistance Program will only consider reimbursing transportation expenses when assistance is not available through CCS or other organizations. Patients must confirm that they have applied to the CCS Wheels of Hope Program and any other programs available in their community before transportation reimbursement will be considered.

*\*\*Please note that needing someone to go with a patient for treatment is NOT a factor to be eligible for CCS. CCS does provide transportation for one person to accompany the patient.*

If you do not qualify for the Canadian Cancer Society transportation program, we will require a brief explanation before we can consider reimbursing you for your parking expenses. Pre-approval is required.

If you are registered with the CCS Wheels of Hope program and travel on a day when Canadian Cancer Society assistance is not available, the Patient Assistance Program will provide assistance with parking. Please provide a short note about assistance not being available and provide original parking receipts in order to be reimbursed the cost. Pre-approval is required.

### EI Compassionate Care Benefits



Employment Insurance (EI) offers Compassionate Care Benefits to people who take time off of work to care for a family member who is ill. See the 'Financial Contacts' information for more information on EI.

## Income Replacement

The resources listed below may be available for people who cannot work because of their cancer. If you think you qualify, apply as early as possible. Most applications are available online.

- 1. Sick Benefits:** You may have short and long-term sick benefits from your work. Talk to your employer's Human Resources department to learn more about it.
- 2. Employment Insurance (EI) Sick Benefits:** EI offers up to 15 weeks payment for people who are eligible. This is based on how many weeks are paid into the plan and payments are based on weekly earnings. Apply online through Service Canada.
- 3. Canada Pension (CPP) Disability:** People with a severe and prolonged illness can apply to this plan if they made regular contributions to CPP. Drug costs are not covered.
- 4. Ontario Works and Ontario Disability Support Program (ODSP):** These programs are available to people with low incomes and few assets. People must first apply to Ontario Works. If the illness is long and severe, Ontario Works will make a referral to the Ontario Disability Support Program. Some drug costs are covered.





## Claiming Medical Expenses on Your Income Tax Return

Some medical expenses, such as drug and travel costs, can be claimed on your income tax return.

### How do I claim travel and meal costs?

**Travel by Car:** You must live more than 40 km (one way) from the clinic where you are receiving treatment. These expenses can also be claimed for medical and diagnostic tests (e.g. MRI) that are not available in your area.

Keep a record of how far you travelled for medical reasons during a 12 month period. Then, multiply the number of kilometres by the rate listed on the Canada Revenue website. Check the Canada Revenue website for updated travel cost rates.

You can also claim travel expenses for someone to come with you if a doctor states in writing that you cannot travel without assistance.



**Meals:** Check the Canada Revenue website for the most up to date rate for claiming meal costs. You can only claim meal costs if you have to travel more than 80 km (one way) for your treatment.

**Accommodations:** Keep all of your hotel receipts for accommodation expenses. You can only claim this expense if you have to travel more than 80 km (one way) for treatment.

**Drugs:** You may be able to claim drug expenses that are not covered or are partially covered by your employer's benefit program, private insurance, and public drug plans. You will need to keep all of your receipts. You can only claim the portion that is paid by you. These drugs need to be prescribed by a medical professional and dispensed by a pharmacist.

When buying a service or item that is considered medical, the receipt that you submit with your income taxes needs to include:

- Name of the patient
- Date
- Name of the licensed medical practitioner and their registration number
- Cost
- Purpose of the payment

**Travel and Meal Costs:** The simplified method of calculating these expenses is easy to do and does not require receipts. You have to keep a written record for either the tax year (e.g. all expenses made in 2019) or for a chosen 12-month period (e.g., all expenses made between April 1, 2018 and March 30, 2019). Use the log included in this section to keep track of your travel costs. Extra copies are available in the Patient and Family Resource Centre.

This record must identify the date, the type of appointment, and the total distance travelled in kilometres. You can also include the number of meals you had that day.

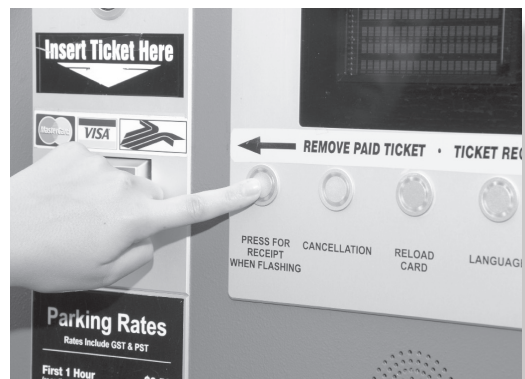
**Example: Claiming Vehicle and Meal Log**

Date	Type of Appointment	Total Distance	Meal Expenses
July 10, 2019	MRI Scan, meeting with oncologist	175 km	2 meals (\$34)
July 31, 2019	Chemotherapy	163 km	3 meals (\$51)
Total		338 x .585 = \$197.73	\$85.00

In 2018, Susan was diagnosed with cancer. She travelled to London, ON for a diagnostic scan and to meet with her oncologist to plan her treatment. She received her first chemotherapy treatment at the London Regional Cancer Program before receiving the rest of her treatments at a local hospital. Susan claimed both the vehicle expense and the meal expense for a total of \$282.73 on line 330 of her income tax return.

**Receipts for Parking Costs at LHSC**

If you need a receipt for your parking costs, press the button on the parking kiosk that says 'press for receipt when flashing'.







### LRCP PATIENT ASSISTANCE PROGRAM – Application

The Patient Assistance Program is intended to help people who experience a financial hardship as a result of their cancer diagnosis and treatment. The Program helps people at all points in their journey including diagnosis, treatment, palliative care and survivorship.

**Incomplete information will result in delays processing your application.**

FAMILY INFORMATION	
Patient Name: (Include middle initial)	Date of Birth:
Address:	
City:	Province:
Postal Code:	Daytime Telephone:
Patient's Email: If follow up is required can we contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred By: <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Self <input type="checkbox"/> Other (Please Specify):	
HEALTH INFORMATION	
Type of Cancer:	
Current Treatment:	
Oncologist / Surgeon:	Hospital / Facility:
REQUEST FOR FUNDING (Explanation of need and anticipated costs)	
All original receipts must be attached and less than 6 months old.	ACTUAL / ANTICIPATED COST
<input type="checkbox"/> Childcare during treatment	\$
<input type="checkbox"/> Drugs/Prescriptions (Note: Trillium Drug Program assists Ontario residents with high prescription drug costs, relative to their household income. For more information, contact the Trillium Drug Program at 1-800-575-5388 or visit their website <a href="http://www.health.gov.on.ca">http://www.health.gov.on.ca</a> )	\$
<input type="checkbox"/> Equipment rentals (e.g., wheelchairs)	\$
<input type="checkbox"/> Lymphedema supplies (e.g., compression sleeves) Portion not covered by Assistive Devices Program (ADP)	\$
<input type="checkbox"/> Mastectomy bras (maximum of four)	\$
<input type="checkbox"/> 1 Mastectomy swimsuit and breast form	\$
<input type="checkbox"/> Nutrition beverages (e.g., Ensure, Boost, etc.) Dietitian referral required	\$
<input type="checkbox"/> Prostheses (portion not covered by the ADP)	\$
<input type="checkbox"/> Respite care	\$
<input type="checkbox"/> Transportation (when volunteer drivers are not available through the Canadian Cancer Society or other organizations). <b>Pre-approval required.</b>	\$
<input type="checkbox"/> Parking. <b>Pre-approval required.</b>	\$
<input type="checkbox"/> 1 Wig (up to a maximum of \$800)	\$
<input type="checkbox"/> Other head coverings (up to a maximum of \$200)	\$
<input type="checkbox"/> Other:	\$

Do you have extended health benefits to cover some of these expenses related to your treatment? (e.g., wigs, Personal Support Worker, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a private drug plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you receiving services from Community Care through the South West LHIN? (formerly Community Care Access Centre)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you seeking: <input type="checkbox"/> Reimbursement (attach original receipts) or <input type="checkbox"/> Direct payment to vendor		
Financially, how has the diagnosis and/or treatment of your cancer impacted your ability to pay for these expenses? Please explain:		

**OTHER SOURCES OF FUNDING RECEIVING OR APPLIED (If YES, for what expenses)**

Trillium Drug Program	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assistive Devices Program (ADP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Kelly Shires Fund (Breast Cancer)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Other:		

**HOUSEHOLD INCOME**

*(A household is a single person or two or more people who are dependent on each other financially.)*

Do you have dependents living in your home? (e.g., spouse, children)  YES  NO

If YES, please list the ages of the dependents: \_\_\_\_\_

**Financial Benefits You are Receiving or Made Application To** (please check  all that apply):

	APPLICANT (PATIENT)		SPOUSE (PARTNER)	
	RECEIVING	APPLIED	RECEIVING	APPLIED
<input type="checkbox"/> Employed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ontario Works .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employment Insurance - Sick Benefits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ontario Disability Support Program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Canada Pension Plan Disability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Short Term Disability Benefits from Employer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Disability from Employer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(e.g., critical illness insurance, retirement benefits)

The information provided in this application accurately reflects my current financial situation. I have experienced financial hardship as a result of being diagnosed with cancer and undergoing treatment.

APPLICANT'S NAME (PLEASE PRINT):	DATE:
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APPLICANT'S SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY**

APPROVED BY:	DATE:
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AMOUNT APPROVED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed forms can be dropped off at the Patient and Family Resource Centre, located on Level 1 in Atrium;  
 Or mailed to: Attention: Patient Assistance Fund, London Regional Cancer Program, London Health Sciences Centre,  
 800 Commissioners Road East, London, ON N6A 5W9