

CF Responsibilities Checklist

Insurance and Financial Planning

Name: _____

Date: _____

Note: There are no right or wrong answers to this survey.
Please provide your honest feedback below so that we can work together to improve the management of your CF over time.

1	I am completely responsible	2	I am primarily responsible	3	My support person and I are equally responsible	4	My support person is primarily responsible	5	My support person is completely responsible	NA	Not Applicable
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Please indicate the person in your household responsible for each of the following healthcare behaviors by placing the appropriate number from 1 to 5, or NA for Not Applicable, in the boxes below:

1. Carrying an insurance card	
2. Reviewing medical bills and calling the appropriate person with questions	
3. Reviewing and appealing insurance claims	
4. Contacting the health insurance company and identifying a Case Manager to address questions	
5. Working with financial assistance programs to secure/access discounts on treatments	
6. Choosing the right type (commercial or government) and amount of health insurance coverage	
7. Researching a back-up plan/safeguards if personal circumstances impact current insurance plan (eg, COBRA and how to maintain continuous coverage)	
8. Managing money including cash, credit cards, bank accounts, and budgets	

Add all individual numbers entered for each row above and insert the total on the line below. Divide the total by 8 and enter the result in the box.

_____ / 8 = **Average Responsibility Reported:**