



Patient Financial Assistance Programs

ScreenWise Mission: to reduce cancer burden and health inequities in Oregon through early detection, evidence-based care, risk factor screening, education, linkage to medical treatment, and surveillance for the public. ScreenWise will support all Oregonians to access equitable breast and cervical cancer screening, while providing resources to medical treatment for a cancer diagnosis.

The ScreenWise program recognizes that many in our community face difficult financial challenges when finding treatment for breast and cervical cancer. In addition, we recognize each situation is unique and requires thoughtful planning and the ability to have individual situations thoroughly assessed. The following list provides the most current information from health systems and community-based organizations on their individual eligibility criteria for financial assistance when locating cancer treatment or you don't qualify for our services. If you have further questions, please reach out to the health systems through the numbers provided below.

Please use the Federal Poverty Level Chart (FPL) below to cross reference percentage eligibility requirement per each health system.

Federal Poverty Level (FPL) Chart

Household/ Family Size	200%	225%	250%	275%	300%
1	\$27,180	\$30,578	\$33,975	\$37,373	\$40,770
2	\$36,620	\$41,198	\$45,775	\$50,353	\$54,930
3	\$46,060	\$51,818	\$57,575	\$63,333	\$69,090
4	\$55,500	\$62,438	\$69,375	\$76,313	\$83,250
5	\$64,940	\$73,058	\$81,175	\$89,293	\$97,410
6	\$74,380	\$83,678	\$92,975	\$102,273	\$111,570
7	\$83,820	\$94,298	\$104,775	\$115,253	\$125,730
8	\$93,260	\$104,918	\$116,575	\$128,233	\$139,890

****For families/households with more than 8 persons, add \$4,720 for each additional person.**

***** These amounts reflect yearly income, and net after taxes**



Portland Metropolitan, Marion, & Polk Counties

Adventist Health: Adventist Health is committed to providing Financial Assistance to patients who seek Emergency Medical Care or Medically Necessary Care but have limited or no means to pay for that care.

Adventist Health provides financial assistance to patients and families when they are unable to pay all or part of their medical bill. A service is “medically necessary” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

Eligibility Criteria

- Have a household of 400% Federal Poverty Level (FPL)
- Uninsured, or underinsured
- Medicare Share costs are not eligible for financial assistance
- Proof of household income is collected (tax returns, income statements, or certify that individual applying is unemployed)
- For application, please contact Adventist Health at 503-494-8551
- [Adventist Financial Assistance Website](#)

Breast and Cervical Cancer Treatment Program (BCCTP): A Medicaid program that provides access to Oregon Health Plan (OHP) to uninsured or underinsured individuals with breast or cervical cancer treatment.

Eligibility Criteria

- Have a household income at or below 250% of Federal Poverty Level (FPL)
- Be an Oregon resident or intend to live in Oregon
- Be less than 65 years old
- Uninsured, under-insured
- Have been diagnosed as needing treatment for breast or cervical cancer or specific precancerous conditions
- Application must be submitted by a **medical provider** to BCCTP Program
- For specific questions on services/coverage please contact BCCTP at 1-800-273-0557
- Application Status 1-800-699-9075
- Procedure & Forms: [Breast & Cervical Cancer Treatment Program Website](#)



Kaiser Permanente: Medical Financial Assistance (MFA) helps low-income, uninsured, or underinsured patients who need help paying for all or part of their medical care received from Kaiser Permanente. May be applied to emergency and medically necessary health care services, pharmacy services, and products and supplies provided at Kaiser Permanente facilities, hospitals, clinics and pharmacies.

Eligibility Criteria

- Have a household income at or below 300% FPL
- Uninsured or underinsured
- Proof of household income is collected (tax returns, income statements, or certification that individual applying is unemployed)
- Contact Kaiser Permanente Financial Assistance at 1-844-412-0919
- [Kaiser Permanente Financial Assistance Process & Form](#)

Legacy Health: Financial Assistance is defined as the forgiveness of charges on an account for Medically Necessary Services provided to patients who are unable to pay for care provided in a Legacy hospital. May be applied to emergency and medically necessary health care services, pharmacy services, and products and supplies provided at Legacy Health facilities, hospitals, clinics.

Eligibility Criteria

- Have a household income at or below 400% FPL
- Uninsured, Underinsured
- Proof of household income is collected (tax returns, income statements, or certification that individual applying is unemployed)
- Documentation of Assets collected
- Contact Legacy Health Financial Assistance at 503-413-4048
- [Legacy Health Financial Assistance Website](#)



Project Access NOW: Connects low-income, uninsured clients to donated primary and specialty care. Project Access NOW Classic Program works with all the hospital systems and most of the major specialty and multi-specialty clinics in the Portland metropolitan area to provide donated care to those who remain uninsured and who meet specific income guidelines.

Eligibility Criteria:

- Have a specialty care need, diagnosed from a Safety Net Clinic Provider
 - Safety Net Clinics - is a term that defines the array of clinical sites that provide health care opportunities for those who otherwise would have barriers to accessing quality health services. These barriers include lack of coverage, geographic isolation, language and culture, mental illness and homelessness.
- Medical Provider needs to make a referral to program (provider must be a safety net clinic partner)
- For specific questions please contact Project Access NOW at 503-200-1245
- [Project Access Now Website - Contact Form](#)

Providence Health and Services: Providence financial assistance program will provide free or discounted hospital services to qualified low income, uninsured and underinsured patients when the ability to pay for services is a barrier to accessing medically necessary emergency and other hospital care and no alternative source of coverage has been identified. May be applied to emergency and medically necessary health care services, pharmacy services, and products and supplies provided at Providence facilities, hospitals, clinics.

Eligibility Criteria:

- Have a household income at or below 300% FPL
- Uninsured, Underinsured
- Proof of household income is collected (income statements, tax returns and a record of monthly bills)
- If approved, coverage will last 6 months with the option of renewal for 6 additional months.
- For specific questions please contact Providence at 503-215-7575
- [Providence Financial Assistance Application](#)



Salem Hospitals and Clinics: Salem Health is committed to providing medical care to those patients who may not have sufficient financial resources available. If you qualify for financial assistance, a portion of your account(s), up to 100% may be forgiven. This program only covers the medically necessary care provided at Salem Health Hospitals & Clinics. It does not cover any elective procedures, prescriptions, professional or private practice physician fees.

Eligibility Criteria:

- Have a household income at or below 300% FPL
- Uninsured, and Underinsured
- Proof of income is collected (tax returns, income statements, or certification that individual applying is unemployed)
- Denial letter of Medicaid application
- Contact Salem Hospital & Clinics at 503-562-4357
- [Financial Assistance Application Form](#)

Santiam Hospitals: Financial forgiveness of charges on an account in which medically necessary services were provided at Santiam Hospital or one of the hospitals owned clinics. Medically Necessary Services: Services in which are necessary to prevent, diagnose or treat an illness, injury, condition or disease, or the symptoms of an illness, injury, condition or disease; and meeting accepted standards of medicine.

Eligibility Criteria:

- Have a household income at or below 250% FPL
- Uninsured, and Under-insured
- Proof of household income is collected (recent tax return, complete and current bank statement)
- Include a letter explaining your situation and additional need for assistance
- Contact Santiam Financial Assistance at 503-769-9231
- [Santiam Financial Assistance Website](#)



Yamhill, Linn, Benton, and Lincoln Communities

Breast and Cervical Cancer Treatment Program (BCCTP): A Medicaid program that provides access to Oregon Health Plan (OHP) to uninsured or under-insured individuals with breast or cervical cancer treatment.

Eligibility Criteria:

- Have a household income at or below 250% of Federal Poverty Level (FPL)
- Be an Oregon resident or intend to live in Oregon
- Be less than 65 years old
- Uninsured, underinsured
- Have been diagnosed as needing treatment for breast or cervical cancer or specific precancerous conditions
- Application must be submitted by a **medical provider** to BCCTP Program
- Contact BCCTP at **1 800-273-0557**
- Procedure & Forms: [Breast and Cervical Cancer Treatment Program Website](#)

Legacy Silverton Medical Center: Financial Assistance is defined as the forgiveness of charges on an account for Medically Necessary Services provided to patients who are unable to pay for care provided in a Legacy hospital. May be applied to emergency and medically necessary health care services, pharmacy services, and products and supplies provided at Legacy Health facilities, hospitals, clinics.

Eligibility Criteria:

- Have a household income at or below 300% FPL
- Uninsured, Underinsured
- Proof of household income is collected (tax returns, income statements, or certification that individual applying is unemployed)
- Documentation of Assets collected
- Contact Legacy Health Financial Assistance at 503-413-4048
- [Legacy Financial Assistance & Payment Plans](#)

Oregon Oncology Specialists McMinnville: Comprehensive Cancer Care Facility. Please contact Oregon Oncology directly to learn of their financial assistance options regarding treatment and pharmacy assistance



Providence Health & Service-Cancer Center: Providence Cancer Institute offers comprehensive, expert cancer care for patients in Newberg and the surrounding communities.

Eligibility Criteria:

- Have a household income at or below 300% FPL
- Uninsured, Underinsured
- Proof of household income is collected (income statements, tax returns and a record of monthly bills)
- If approved, coverage will last 6 months with the option of renewal for 6 additional months.
- For specific questions please contact Providence at 503-215-7575
- [Providence Financial Assistance](#)

Santiam Hospitals: Financial forgiveness of charges on an account in which medically necessary services were provided at Santiam Hospital or one of the hospitals owned clinics. Medically Necessary Services: Services in which are necessary to prevent, diagnose or treat an illness, injury, condition or disease, or the symptoms of an illness, injury, condition or disease; and meeting accepted standards of medicine.

Eligibility Criteria:

- Have a household income at or below 250% FPL
- Uninsured, and Under-insured
- Proof of household income is collected (recent tax return, complete and current bank statement)
- Include a letter explaining your situation and additional need for assistance
- For specific questions, please contact Santiam Financial Assistance Department at 503-769-9231
- [Santiam Financial Assistance & Application](#)



Samaritan Albany General Hospital: In keeping with the not-for-profit mission of Samaritan Health Services, financial assistance will be provided to uninsured and insured patients with demonstrated financial need. Needed medical care such as emergency care, or medical care needed to diagnosis or treat an illness, injury, condition, disease, or symptoms. Patients that qualify for Financial Assistance are not charged more than the Amount Generally Billed (AGB) for Needed Medical Care.

Eligibility Criteria:

- Have a household income of 0- 400% FPL
- Payroll checks stubs (last three months and most recent check stub showing gross year to date)
- Most recent IRS tax return
- Or Bank Statement
- If unemployed, bank statement, federal tax return, statement of benefits or other unemployment compensation records
- If on government program, notice of benefits
- School financial aid award letters and transcripts
- [Samaritan Financial Assistance Process](#) & [Financial Assistance Documents](#)

Willamette Valley Cancer Institute and Research Center: Comprehensive cancer care. Please contact Willamette Valley Cancer Institute and Research Center to learn of their financial assistance regarding treatment and pharmacy assistance.

Eligibility Criteria:

- Locations: Eugene, Florence, Corvallis, Lincoln City and Newport
- Please contact Financial Assistance department Monday- Friday 8am-5pm: 541-683-5001
- [Willamette Valley Cancer Institute Financial Counseling](#)



[Healthy Oregon Project\(HOP\) – Free Genetic Screening](#)

Who can request a HOP Kit?

- Any adult with an Oregon address can request to have a HOP Kit mailed directly to them at no cost.
- Cancer survivors are welcome to join the HOP study! Enrollment is needed to fully understand the role of genetics and cancer risk to advance cancer prevention and treatment research.
- [How to request a HOP kit for Genetic Cancer Risk Screening](#)