

Metabolic Condition Cost Calculator Worksheet*

A. Metabolic Formula

Product	Cost per order	No. orders/year	Annual Cost

(A) _____
Total Cost/Formula

B. Prescriptions/Supplements for the metabolic condition

Product	Cost per order	No. orders/year	Annual Cost

(B) _____
Total Cost Rx and
Supplements

C. Healthcare Provider Visits for the metabolic condition

Provider	Co-pay per visit	No. visits/year	Annual Cost

(C) _____
Total Co-pays

*This is a worksheet for your own records and decision-making, not part of the CSHCS application.

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D. Out-of-Pocket Expenses for metabolic health care visits

(Depending on the family's needs, some potential benefits of CSHCS may include troubleshooting and help with transportation, fuel, overnight accommodations, etc.).

Date	Expense	Total Cost

(D) _____
Total for visits

Compare the total of all the estimated expenses you listed in Sections A - D with the *Yearly Payment Agreement Amount* to enroll in CSHCS.

This worksheet does not guarantee coverage of the expenses above. If you have questions about CSHCS, please call the Family Phone Line at **800-359-3722** to speak with a parent who can help you. Asking for more information does not mean you have to join the program.

Insurance

Please make note of rates for deductibles and co-insurance that could affect the amount you would need to pay out of pocket for your child's metabolic condition. Once a deductible is met, there may be an additional co-payment or co-insurance on items past that limit. You will need to read your insurance's policy agreement to understand if this applies to you.

Deductible amount: _____

Co-payment or co-insurance after deductible is met (if applicable): _____

The Michigan Family to Family Health Information Center (www.f2fmichigan.org) will offer training and information to help families deal with the change to insurance billing, including insurance co-pays and deductibles. If you want to be notified of dates for trainings, either in-person or by webinar, please contact Jane Pilditch at jpilditc@mphi.org or **517-324-8391**.

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