



Triage Health Materials Request Form

Please complete the following request form to order Triage Health educational materials from Triage Cancer. Please allow for 2 weeks for materials to arrive. For questions, please email TriageHealth@TriageCancer.org

Please note: the materials listed below are currently available for shipping. You can also print copies of these materials from our website. See the full library of resources at: TriageHealth.org/Quick-Guides.

If you would like fewer than 25 copies of a resource, consider printing them from the website to help us save on shipping costs. Thanks!

First Name: _____ Last Name: _____

Title: _____

Hospital/Organization: _____

Shipping Address for Materials: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number (for questions): _____

Please share how these materials will be used: _____

1. Quick Guides and Checklists – Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below. *Check all that apply.*

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
ADA & Reasonable Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Appeals: Individual & Employer Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Finding Financial Help - Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Family & Medical Leave Act (FMLA) - Extended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Getting Organized - Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Getting & Paying For Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Comparison Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Marketplaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

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Managing Medical Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare Plan Comparison Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare Savings Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Options When Losing Employer-Sponsored Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

2. Triage Health: Practical Guides - Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below. Check all that apply.

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Triage Health: Practical Guide to Navigating Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Spanish - Practical Guide to Navigating Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Triage Health: Practical Guide to Caregiver Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Spanish - Practical Guide to Caregiver Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

3. Flyers – Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below. Check all that apply.

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Information Sheet on Triage Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Information Sheet on Triage Health - Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
2025 Triage Health Webinar Flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
2025 Triage Health Spanish Webinar Series Flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
2025 Triage Health Conference Flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

4. Postcards – Please identify the quantity that you are requesting below.

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Animated Videos (English & Spanish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
MyHealthCareFinances.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
MyHealthCareFinances.com - Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
MyHealthCareFinances Tear Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

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