



CMTA Patient Support Fund

Purpose of the Fund

This Fund is to support CMT patients being evaluated by a Foot and Ankle surgeon and for CMT surgery at Cedars-Sinai Medical Center, Los Angeles. The Fund will also provide financial support to travel for second opinions to Cedars-Sinai Medical Center (CS). Cedars-Sinai is a CMTA Center of Excellence with an excellent surgical team.

Patient Responsibility

This Fund is intended to augment money provided by the patient or patient’s family. Patients are expected to make every effort to finance themselves. However, some assistance is available if they fall short. The Fund can provide a maximum of \$5,000 in financial support per patient over the course of that person’s care. The fund will pay for up to two persons to travel to CS for a consultation or surgery.

How it Works

The patient must complete all necessary paperwork and submit to Jeana Sweeney at jeana@cmtausa.org or CMTA, Patient Support Fund, PO Box 105, Glenolden, PA, 19036 along with a **Patient Verification** letter from Dr. Glenn Pfeffer. The CMTA will make a determination within 14 days.

Patient Information

First Name: _____ Last Name: _____ Age: _____

Phone Number: _____ Email Address: _____

Diagnosed with CMT? Yes No Diagnosis Location: _____ Date: _____

U.S. Citizen or Legal Resident? Yes No

Covered by Medical Insurance? Yes No

If yes, how much is the surgery copayment? _____



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Patient Information (Continued)

Occupation: _____ If married, spouse's occupation: _____
Family Size: _____ Family's annual income: _____

Parent/Guardian (If patient is a minor) or Spouse Information

Parent/Spouse First Name: _____ Last Name: _____
Relationship to Patient: _____ Phone Number: _____
Email Address: _____

The CMTA's responsibility for the Patient Support Fund is limited to providing out of pocket financial support for qualifying CMT surgical patients wanting to visit Cedars- Sinai Foot and Ankle program. The CMTA in no way guarantees or in any way promises any medical outcome or any particular level of customer satisfaction. The relationship between a patient, their family, and Cedars- Sinai Medical Center is theirs exclusively and any medical services agreed upon or provided is solely between the patient and the physician and facility. By checking this box, patients or responsible family members understand and agree to these terms."

Patient/Guardian Signature: _____ Date: _____