

CAF SUPPORT FOR HEALTH MAINTENANCE IN PATIENTS 50 YEARS OF AGE AND OLDER

The Cooley's Anemia Foundation (CAF) recognizes the importance of maintaining health among thalassemia patients and is offering reimbursement of up to \$500 for approved expenses related to health maintenance among U.S. thalassemia patients who are age 50 or older.

What expenses are covered

CAF will provide up to \$500 in reimbursement for expenses for treatments, devices, activities, and projects which are intended to improve or maintain an individual's health and which have been discussed with and approved by an appropriate treating physician and reimbursement for which has been agreed to by prior arrangement with CAF. The health issue which is being addressed does not have to be related to thalassemia, so long as the goal is improvement or maintenance of overall health or specific aspects of health of an individual.

Examples of expenses which would be considered for reimbursement (of up to \$500) include but are not limited to:

- Purchase/rental/use of medical devices approved by healthcare provider to treat medical/health condition (such as low intensity vibration therapy devices aimed at improving bone strength, etc.)
- Cost of vitamins recommended by healthcare provider which are not covered under health insurance plans
- Uncovered co-pays associated with MRI measurements
- Membership in a gym or classes intended to improve physical health such as yoga, etc. (such activities having been approved by healthcare provider)
- Counseling sessions uncovered under health insurance

Again, these are just some examples to give an idea of the scope of treatments that would be considered.

Applicants must provide proof of expenses paid in order to receive reimbursement, as well as proof of approval (e.g., letter, prescription, etc.) of treatment, device, activity, etc. by healthcare provider.

Total expense of treatment, device, activity, etc. may total more than \$500; however, only a maximum of \$500 will be reimbursed. (For example, receipt may indicate that cost of treatment is \$1000. If approved, CAF will reimburse \$500 of the \$1000 expense.)

Who is eligible

Any thalassemia patient who meets all of the following requirements is eligible to apply for support under this program.

- Is registered in CAF's patient database
- Has reached an age of 50 years or older
- Is a resident of the United States and has been a resident for a minimum of 2 years
- Has not undergone a successful bone marrow transplant (BMT) or gene therapy procedure more than 5 years ago
 - Patients who have undergone a successful BMT or gene therapy procedure within the last 5 years are still considered eligible
- Has not already received \$500 in reimbursement under this program for expenses incurred during the one-year period between July 1, 2023 and June 30, 2024

How to apply

Applicants should first contact CAF Patient Services Manager Eileen Scott (escott@thalassemia.org) to let her know they intend to submit an application. Their email should indicate the amount (estimated if not already expended) to be reimbursed and approximately when they expect to submit their application for reimbursement.

After receiving a response from the Patient Services Manager, individuals should fill out and submit the required application, including any necessary attachments. Attachments include receipts/proof of expenditure, as well as verification that the treatment, device, activity, etc. for which reimbursement is being sought has been approved by an appropriate healthcare provider. Applications may be submitted between **July 1, 2023 and June 30, 2024** for **expenses occurred during that period (between July 1, 2023 and June 30, 2024)**.

It is CAF's intention to fund all approved requests from eligible patients and will make every effort to do so; however, in the event that requests exceed available funding, CAF reserves the right to regretfully reduce the amount of funds reimbursed to individuals or to deny requests for reimbursement.

**Cooley's Anemia Foundation 2023-2024
50+ Health Maintenance Award Application**

APPLICATION CHECKLIST

Your application must contain each of the following in order to be considered:

- Application form
- Signed form from physician verifying approval of program/treatment for which reimbursement is sought
- Copy of receipt for cost of approval/treatment for which reimbursement is sought

Please note that the date of program/treatment for which reimbursement is sought must fall between July 1, 2023 and June 30, 2024 for reimbursement during this application period.

Return to Eileen.s@thalassemia.org or fax to (212) 279-5999 or mail to Cooley's Anemia Foundation, 50+ Awards, 330 Seventh Ave #200, New York, NY 10001.

**COOLEY'S ANEMIA FOUNDATION
2023-2024 50+ HEALTH MAINTENANCE AWARD APPLICATION**

Please print or type the information. Return to Eileen.s@thalassemia.org or fax to (212) 279-5999 or mail to Cooley's Anemia Foundation, 50+ Awards, 330 Seventh Ave #200, New York, NY 10001.

Name of Applicant: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone number: _____

Email: _____

Please indicate thalassemia diagnosis: _____

Are you a resident of the United States? _____ **Yes** _____ **No**

What is your age? _____

Please tell us below about the program/treatment for which you are seeking reimbursement

What is the cost of the program/treatment for which you are seeking reimbursement? (please note that CAF can only reimburse up to \$500)

(Please be sure to include copy of receipt with application)

Applicant's Signature: _____

Date: _____

**COOLEY'S ANEMIA FOUNDATION
2023-2024 50+ HEALTH MAINTENANCE AWARD
CONFIRMATION OF APPROVAL FROM PHYSICIAN**

I, _____, confirm that I approve

(name of physician)

of the program/treatment for which _____

(name of patient)

Is seeking reimbursement from the Cooley's Anemia Foundation.

(signature of physician)

(date)