



Patient Agreement for Breast Reconstruction Program

Dear Survivor,

We are contacting you today because you have submitted an application to be considered as a patient candidate for the My Hope Chest (MHC) breast reconstruction program.

As a patient candidate with the MHC program, you must meet the following criteria:

1. Have a current application on file with us. **Must be updated every 12 months by Jan 31st.*
2. Have a current letter of Medicaid denial on file with us. **Must be updated every 12 months by Jan 31st.*
3. Have supplied us with a copy of your tax-return for the past 2 years.
4. Have supplied us with 6 months current bank statements.
5. Have 2 current letters of recommendation on file supporting your financial need for assistance.
6. Tried *every* avenue available to you to raise the funds to pay for your reconstruction first before seeking funds from MHC: Family, Friends, Savings or Credit Cards.

*****Be mindful that as a grassroots organization our mission is to help individuals first that have absolutely no means to help themselves acquire their breast reconstruction.***

This is our purpose...Please honor and respect this important issue.

Our program operates through the partnership of 3 entities; a plastic surgeon, an anesthesia doctor and the medical facility where they have privileges.

As the criteria of their participation in our program, ***we have agreed to the following:***

1. A patient candidate from My Hope Chest meets our program criteria.
2. All scheduling and correspondence with the Surgeon's office is facilitated by the staff of MHC. You are not to call the Surgeon's office directly unless directed to do so by MHC or the participating Surgeon. *Failure to comply may result in being disqualified from our program.*
3. Proper dress and behavior is maintained during appointments. Behavior deemed inappropriate or difficult may be grounds for dismissal from our program.

IF selected as one of our Patients for breast reconstruction and by signing this contract you agree to:

1. You agree to be a volunteer for MHC for one year following your surgery for at least 60 hours to help raise awareness about MHC and breast reconstruction and to help us get our next patient into surgery!
2. If selected as a MHC patient, I agree that my surgery is voluntary and under contract with the Surgeon, not MHC. I understand that MHC merely acts as the facilitator of payment for my surgery. Therefore, I will not hold MHC or any of its Board of Directors responsible or legally liable for any and all claims, loss and/or damage due to any unforeseen circumstances, issues and/or complications related to my surgery. ____ (Initial)

We are dedicated to our mission to facilitate *your* breast reconstruction, the ***“final step in breast cancer treatment”*** so you can move on with your life. Your cooperation will help our program operate efficiently and is sincerely appreciated.

Patient SIGNATURE

Date

PRINT NAME

Date