



Dear Doctor,

The CancerCare Co-Payment Assistance Foundation (CCAF) is a nonprofit organization dedicated to helping patients afford their co-payments for chemotherapy and targeted treatment drugs. We provide this assistance to ensure access to care and compliance with prescribed treatments. To be eligible, patients must meet certain financial and medical criteria related to their diagnosis and treatment. The primary diagnosis for the patient must match our fund definition and the medication prescribed must be to treat the primary diagnosis.

Your patient has already enrolled in our program and was approved based on our initial assessment with the patient or his/her advocate. However, as part of our ongoing compliance requirements, the patient's diagnosis must be verified by the treating physician.

As the treating physician, please complete and sign the form below. **Completed forms can be faxed to our office at 212-601-9760, emailed to information@cancercarecopay.org or uploaded to the patient account via our secure *Patients & Pro's portal* at portal.cancercarecopay.org.**

I certify that I am the treating physician for _____
Patient Name _____ Date of Birth _____

The patient's primary cancer diagnosis is _____
Diagnosis _____ ICD-10 _____

_____ Date of Diagnosis _____ Please Specify: Metastatic _____ Non-Metastatic _____

Disease Subtype as applicable _____

Lung Cancer – Please Specify: Non-Small Cell Lung _____ Small Cell Lung _____

Thyroid Cancer – Please Specify: Follicular _____ Hurthle _____ Papillary _____

I further certify that the above named patient is **currently undergoing active treatment with chemotherapy and/or targeted treatment medications to treat his/her primary cancer** and I will be overseeing the patient's treatment accordingly.

Medication Name _____ Treatment Plan _____ Expected Length of Treatment _____

Prescribing Physician

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

NPI # _____ Office Contact _____

Physician's Signature: _____ Date _____