



MOLLENKOPF AESTHETIC BREAST RECONSTRUCTION FUND

The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce available funding for breast reconstruction patients. The **Mollenkopf Aesthetic Breast Reconstruction Fund** provides grants to The Aesthetic Society member surgeons, to financially assist patients in completing their aesthetic breast reconstruction journeys. These funds are intended to help underinsured or uninsured patients nationwide cover the associated costs with breast reconstruction. The goal of this Fund is to provide women with limited financial means the opportunity to achieve the best possible aesthetic breast reconstruction result. In particular, the grant is focused on women who need a final surgery or revisional surgery to complete their aesthetic reconstruction. The goal is for The Aesthetic Society members to help women feel good about themselves after their reconstruction and aid them in returning “back to me.”

Selection Criteria for Consideration

- Patients must be under the care of an Aesthetic Society member surgeon in the United States.
- Patients must be in need of completing their aesthetic breast reconstruction as a result of breast cancer.
- Patients must agree to participate in a research survey on patient satisfaction which consists of “The Breast Q” pre- and post-surgery survey.
- Selected patients may be asked to provide ASERF with their stories, which may be highlighted in future The Aesthetic Society or ASERF printed or electronic communications.

Process

- The Aesthetic Society member surgeon is required to submit a surgery grant request form.
- All submitted cases will be presented to an ASERF committee for review.
- After review, ASERF will inform each surgeon, via email, whether or not their case will be funded.
- ASERF will provide reimbursement of up to \$5,000. Ideally, the surgeon will donate his/her surgical services and the rewarded monies would be used to cover additional surgical fees such as anesthesia, operating room fees, and pathology testing.

Additional information

- A grant may not be used for treating acute breast surgery complications from prior surgeries.
- A patient may not be a family member or employee of the surgeon.

If you are an Aesthetic Society member who has a patient that meets the qualifications above and would like their case to be considered for a grant, please present ASERF with the following information/ documentation:

- Submit a written request for financial support up to \$5,000 on behalf of your patient. In this request please briefly outline why you feel your patient is a good candidate. Please provide the following:
 - 1) Brief Clinical History: Breast cancer type, date of diagnosis, prior surgeries and reconstructions, therapeutic treatments (including chemotherapy and radiation), current disease-free status.
 - 2) Reconstructive plan and goals
 - 3) Amount of funds requested and the designated use of funds
 - 4) Acknowledgement that patient has agreed to participate in pre- and post-surgical Breast Q survey.
 - 5) Submit an original signed copy of the Patient Participation Agreement and Medical Release



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PATIENT PARTICIPATION AGREEMENT AND MEDICAL RELEASE

I hereby authorize the release of my personal and medical information to ASERF and its designees for the purpose of evaluating my application to the Mollenkopf Aesthetic Breast Reconstruction Fund. Additionally, and in consideration of the Aesthetic Surgery Education and Research Foundation ("ASERF") providing a grant, in conjunction with my doctor donating all or a portion of his/her services, for all or a portion of the cost of my breast procedure(s), I hereby agree to participate in The Breast Q, a pre- and post-surgery survey, which has been explained to me by my doctor. I further consent to the taking of photographs or videotapes of me or parts of my body, by my doctor or designee, and to the release by my doctor to ASERF of such photographs, videotapes, and case histories.

I understand that such photographs, videotapes or case histories may be published by my doctor and ASERF and/or any party acting under their express license and authority in any print, visual or electronic media including, but not limited to, medical journals and textbooks, scientific presentations and teaching courses, and Internet web sites, for the purpose of informing the medical profession or the general public about plastic surgery methods and benefits. I also agree to be interviewed by my doctor or ASERF about the procedure and "my story" for purposes of such public and medical profession education.

- ☐ My first name, case history and procedure photos may be used as stated above.
- ☐ My first name, case history, procedure photos *and my face* may be used as stated above.

In either case, I understand that the photographs may portray features that shall make my identity recognizable.

I understand that the information disclosed may be protected by state law, which privacy protections I hereby waive. I understand that once given, I waive the right to revoke this authorization. I further understand that, because ASERF is not receiving the information in the capacity of a health care provider or health plan covered by HIPAA, nor is any information being transmitted electronically for the purpose of insurance confirmation or reimbursement, the information described above will not be protected by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and may be redisclosed by ASERF.

I release and discharge my doctor, ASERF, and all parties acting under their express license and authority from all rights that I may have in the photographs, videotapes or case histories and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of these materials in any medium. I further release, discharge and will hold harmless and defend at my own expense ASERF from any medical claims I may have against my doctor.

I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above Patient Participation Agreement and Medical Release and fully understand its terms.

Patient signature

Date

Printed name

Doctor signature

Date

Printed name



The Aesthetic Surgery Education
and Research Foundation

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SURGERY GRANT REQUEST FORM

For the grant to be reviewed by the Committee, please use the following checklist and complete the items below to ensure your application is complete.

- ☐ Surgery Grant Request Form
- ☐ Patient Participation Agreement and Release

ALL APPLICATIONS MUST BE MAILED TO:

ASERF

**Attn: Mollenkopf Aesthetic Breast Reconstruction Fund
11262 Monarch St.
Garden Grove, CA 92841-1441**

DO NOT SEND THIS APPLICATION ELECTRONICALLY

Surgeon Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

APPLICATION CHECKLIST

- 1) Provide a brief clinical history of the patient. [Breast cancer type; date of diagnosis; prior surgeries and reconstructions; therapeutic treatments (including chemotherapy and radiation); and current disease-free status.]

(Insert text here)

2) Reconstructive Plan and Goals for the patient.

(Insert text here)

3) Amount of funds requested and the designated use of funds.

Amount Requested (\$5,000 maximum): \$ _____

(Designated use of funds)

4) Provide acknowledgment that the patient has agreed to participate in a pre- and post-surgical *Breast Q* survey.

5) Submit an original signed copy of the Patient Participation Agreement and Medical Release.

By signing below, I acknowledge that all the information in this grant application is true to the best of my knowledge. I certify that the any funds awarded will be applied to the purpose presented in this grant request form.

Physician Signature

Date

Printed