



Our Mission

Cancer Response Team, Inc. is a 501(c)(3) nonprofit organization dedicated to helping children get supportive cancer care. We do so by providing their families with financial assistance for integrative and complementary cancer therapies from diagnosis up to six months post treatment.

Why We Are Here

We exist to support families who choose to pursue a truly integrative approach to cancer treatment - one that combines the best that conventional medicine and natural medicine have to offer. An evidence based integrative approach to cancer has the potential to reduce side effects and improve effectiveness; ultimately improving both quality of life and prognosis. Unfortunately, some complementary therapies and treatments are not covered by traditional insurance policies.

A personal note from Stefan Moore, Founder/CEO of Cancer Response Team

I want to personally thank you for reaching out to the Cancer Response Team.

As a father who lost his 13-year-old daughter to brain cancer, I understand the emotional and physical pain that is experienced by the entire family when a child is diagnosed with cancer. Every individual deals with circumstances and situations in different ways, but experiencing that moment of terrifying shock, feeling of helplessness and disbelief that comes with a cancer diagnosis is indescribable, and something that no family should have to endure.

I promised my daughter that I would fight against cancer, for her, and for other families. That is why I started the Cancer Response Team. We are fighting so that other families don't have to feel the pain and suffering that cancer causes.

CRT is doing its part to inform the public that integrative and complementary treatments are available and effective. Everyone deserves to know that options are available when diagnosed with cancer. Take your time and make an informed decision when facing a cancer diagnosis. This is some of the best advice I can give you. Slow down, do your research, and decide, as a family, what the best option is for your child.

The Cancer Response Team is honored to be able to help your family, and we are here to support you during this difficult time.

Blessings to you and your entire family.

Stefan Moore
Founder/ CEO



Cancer Response Team Benefits the Following

Children who have been diagnosed with cancer and need financial support associated with their integrative and/or complementary treatment plans, such as (but not limited to) naturopathic visits, supplements, IV-nutrition, oncology massage, child life services, chiropractic care, nutritional counseling and travel expenses.

Our organization is designed to provide financial assistance for children seeking integrative and/or complementary treatment(s) and support that are:

- currently being treated for cancer with Standard of Care (SOC) protocols or
- 0-6 months post treatment or
- no longer in remission

To qualify for financial assistance:

- Your **child** must be:
 - currently receiving treatment for cancer or be 0-6 months post treatment
 - under the age of 18 years old
 - a US citizen and must reside in the United States while receiving treatment
 - receiving treatment within the United States
- **You** must be:
 - the parent or legal guardian of the child
 - a resident of the United States

How does the Cancer Response Team provide financial assistance?

Option 1

If you are taking your child to a specific clinic to receive integrative/complementary cancer treatment(s), let us know and we will contact the clinic directly and pay a balance that is owed by you, if approved, up to \$2,500.

Option 2

Email (preferred option) or mail us your invoice and/or receipt and we will reimburse you for any related integrative/complementary cancer treatment(s), if approved, up to \$2,500.

Please note that we may ask you for additional information to qualify for our assistance or during the time of receiving our support.

Please note we reserve the right to provide assistance in the Cancer Response Team's sole discretion.

Approved funding reimbursement / payment must be completed in full within 18 months of your approval date (up to \$2,500 of qualifying expenses).

If approved, please note that we do **NOT** reimburse you for the following expenses:

- Uninsured and/or deductible portions of Standard of Care (SOC) treatment(s)
- Prescription drugs ordered by your physician team(s)
- Cannabis containing over 0.3% THC (in compliance under Federal Law)
- Program membership fees and/or subscriptions
- Treatment of any kind for your child outside of the United States

Submit your application to:

RequestSupport@CancerResponseTeam.org

Mailing Address:

Cancer Response Team
20235 N. Cave Creek Road
Suite 104 - 184
Phoenix, AZ 85024

www.CancerResponseTeam.org



DISCLAIMER and RELEASE

Cancer Response Team, Inc., does not provide any medical advice and has no direct affiliation with any treatment organizations/clinics or treatment practices. All articles, links, media and associated content are offered strictly as an open resource through the freedom of information.

All treatment plans are determined solely by the recipient(s) and/or legal guardian(s) along with their selected medical practitioner(s). CRT does not guarantee any results. It is highly recommended that Recipient/Legal Guardian prior to commencing or terminating any treatment discuss such with Recipient’s medical providers.

Recipient/ Legal Guardian agrees to indemnify, defend and hold harmless CRT, its officers, directors, employees and volunteers against all claims, causes of action, damages, judgments, cost or expenses, including attorney fees and other litigation costs, which may in any way arise from recipient’s treatment plan.

Recipient/ Legal Guardian hereby grants CRT the right to use Recipient’s name, medical diagnosis, likeness, image, appearance, and performance as embodied in any such material whether recorded on or transferred to film, videotape, video files, film, slides, photographs, or other media, now known or later developed.

This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the Product such in whole or part as CRT may elect.

CRT shall have complete ownership of any material in which Recipient appears, including copyright interests, and hereby acknowledges that Recipient shall have no interest or ownership in it or its copyright.

Recipient/ Legal Guardian hereby confirms that the undersigned has the right to enter into this Agreement.

Legal Guardian Name _____

Phone/Cell Phone _____

Physical Address _____

Mailing Address _____

(if diff from above) _____

Email Address _____

Child’s Name _____

Child’s DOB _____

Parent/Guardian Signature _____

Date of Signature _____

QUALIFYING QUESTIONS

Please note, if you answer NO to any of the questions 1-4, unfortunately you do not qualify for support.

1. Are you the child's parent/legal guardian? Yes No

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

* If you answered yes to #2, please provide a photocopy of your **driver's license or travel ID** showing your current address.

3. Is your child under the age of 18 and a US citizen? Yes * No

* If you answered yes to #3, please provide a photocopy of your **child's birth certificate**.

4. Has your child been diagnosed with cancer by a licensed healthcare professional? Yes * No

* If you answered yes to #4, please provide:

Diagnosis given? _____

When was the diagnosis given? _____

Name of the physician that gave the diagnosis. _____

Physician address / contact info _____

Please provide a **diagnosis letter** from the above-mentioned physician inclusive of the physician's letterhead, your child's name, date of birth, diagnosis given and date diagnosis was given, and physician's signature and contact information. The letter must be dated the same month/year of your application.

5. Are you currently using integrative/complementary treatments for your child? Yes * No

* If you answered yes to #5, please briefly explain _____

6. If you were referred to CRT by someone, please provide their name _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____



UNDERSTANDING CANCER RESPONSE TEAM'S SERVICE

I, _____ (Parent/Guardian First Name/ Last Name) have read and signed all required pages on _____ (Date) and understand the terms under which Cancer Response Team, Inc. will assist my child, _____ (Child's First Name/ Last Name).

I also understand that not all treatments will be covered by the Cancer Response Team, Inc. and will need to be approved. I further understand that the Cancer Response Team is not a healthcare organization and that the Cancer Response Team is not providing any medical or healthcare advice.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____



HIPAA Right of Access Form

In order for Cancer Response Team (CRT) to validate patient status, receive invoices, or other information from medical third parties, a signed HIPAA release form is required by law to be provided to any third party. HIPAA is required by law to protect the privacy of families. CRT will not access your child’s medical records unless specifically authorized by you.

I, _____, as legal guardian for _____, direct my health care and medical services providers and payers to disclose and release my protected health information below to:

Cancer Response Team, Inc.
20235 N. Cave Creek Road
Suite 104-184
Phoenix, AZ 85024

Health Information to be disclosed only upon the request of the undersigned.

Disclose only that information which the undersigned specifically authorizes.

Form of Disclosure (unless another format is mutually agreed upon between my provider and designee). Please select one or both options below by initialing on the line:

An electronic record or access through an online portal _____

Hard copy _____

This authorization shall be effective only so long as I am receiving assistance from Cancer Response Team. Please note you may revoke this authorization at any time by notifying your health care providers, preferably in writing. As a reminder, **approved funding reimbursement / payment must be completed in full within 18 months of your approval date (up to \$2,500 of qualifying expenses).**

Name of the Individual Giving this Authorization

Patient Name

Patient Date of Birth

Signature of the Individual Giving this Authority



Before you submit your application:

We want to make this process as seamless as possible for you.

Please be sure to complete and attach all the following when submitting your application:

- ✓ Complete everything on pages 4, 5, 6, and 7 of the application with appropriate signatures (you do not need to return pages 1-3 or 8)
- ✓ Copy of your current United States driver's license / travel ID
- ✓ Copy of your child's birth certificate
- ✓ Diagnosis letter from your child's physician dated the same month/year of your application

Submit your application to: RequestSupport@CancerResponseTeam.org