CYSTIC FIBROSIS ASSOCIATION OF ERIE COUNTY

Direct Dollar Disbursement

Date of Service	Invoice # / Rx. #	Description of Service or Product	Expense
		TOTAL SUBMISSION:	
		APPROVED REIMBURSEMENT:	

Mail DDD to:

CFA of Erie County
P.O. Box 11405
Erie PA 16514

O Check if New Address

Must complete below information, sign and date.

Patient Name: _____

Prepared By: _____

Address: _____

Email: _____

Signature: _____ Date: _____

The CFA reserves the right to deny any reimbursement request that may, in its sole discretion be determined not to be within the spirit of the DDD Policy. The within DDD Policy creates no contractual or other legal rights to any participant, and it may be amended, modified or terminated at any time, without prior notice to any participant.

Submitting false information or falsification of any document to substantiate a claim shall be grounds for immediate expulsion from the CFA with a criminal referral when warranted to the appropriate local, state, or federal agency.