



SOCIETY OF
CARDIOVASCULAR
COMPUTED TOMOGRAPHY

Dear SCCT Member,

As you know, the Society of Cardiovascular Computed Tomography is the recognized representative for you and your colleagues in the field of cardiovascular CT. To that end, we have been working diligently to educate insurance companies, regulators and the House of Medicine on the research and evidence that cardiovascular CT is a proven diagnostic tool to prevent a cardiac event.

The purpose of this letter is to ask you to help us continue to accomplish these objectives with your financial support of our organization.

Health care reform is happening NOW. We need your voice and your resources to combat coverage and reimbursement decisions that jeopardize appropriate patient access to cardiovascular CT.

We are asking you for a voluntary \$100 contribution to support our continued efforts.

Each year the Centers for Medicare and Medicaid Services (CMS) propose a physician fee schedule to determine Medicare payment for the following calendar year. This year, more than ever, the outlook is bleak for cardiologists and radiologists and we are working to educate CMS providers on the how a negative impact on cardiovascular CT would ultimately restrict patient access to the best possible care.

Many of the proposed regulatory and coverage issues may affect the way you practice medicine as early as next year, unless action is taken NOW. The good news is these are PROPOSALS and there is still time to fight, but time is short. SCCT remains committed to fight for coverage and reimbursement to ensure patient access to cardiovascular CT but we cannot advance the field and strive for quality patient care without your help.

Please consider making a voluntary contribution of \$100 to help ensure the advancement of the field of cardiovascular CT. We cannot thank you enough for your crucial support.

Sincerely,

Jack A. Ziffer, PhD, MD, FSCCT
SCCT President



Society of Cardiovascular Computed Tomography 2009/2010 Contribution

Support the SCCT efforts to ensure patient access to cardiovascular CT!

\$100 **Yes! I would like to support SCCT at the requested contribution.**

\$ _____ **I can contribute to SCCT (insert the amount)**

Name _____ Degrees _____

Email _____

Billing Information

Enclosed is a check (USD) made payable to SCCT

Credit card information is as follows:

Credit Card: Visa MasterCard American Express Discover

Card # _____

Expiration Date _____ CVV Code _____

Billing Address _____

City _____ State/Province _____ Postal code _____

Postal Code _____ Country _____

Signature _____

**Fax your contribution to: 202-375-6818 or mail to:
 SCCT, 2400 N Street, NW #601, Washington, DC 20037**