UNC REX HEALTHCARE MOBILE MAMMOGRAPHY ASSISTANCE PROGRAM CRITERIA

The REX Mammography Assistance Program is designed to help uninsured women, who do not qualify for BCCCP, in our surrounding areas in need of a screening mammogram through the REX Mobile Mammography Coach at their medical clinic, local health department or a community event.

Eligibility:

- Women must have a medical home (if not, contact your local health department)
- Women must be age 35 years and older (screening only)
- Only women in need of a screening mammogram
- Women without medical insurance who meet the financial criteria (see table)
- Mammography Assistance Application must be completed and submitted with Pre-exam form for REX
- Applications can be signed by applicant at time of appointment and submitted with REX pre-exam form.

Size of Family	Maximum Household Income
1	$25,000
2	$28,000
3	$30,000
4	$35,000
5	$40,000
6	$40,000
7	$45,000
8 or more	$45,000

How to Qualify:

- All screenings are scheduled on the REX Mobile Mammography Coach. If the mobile unit visits your medical clinic or local health department, feel free to contact them to register for a free mammogram.
- Applications must be completed on all REX Mobile Mammography Assistance applicants and can be done through a community partner.
- If the REX Mobile Mammography unit does not come to your medical provider's office or local health department, please call (919) 784-4210.

PLEASE NOTE THE FOLLOWING:

- UNC REX reserves the right to use their own discretion on covering all cases that may or may not fall exactly within the eligibility criteria.
- Household income should include patient requesting our service and her spouse.
- The number of people in household must be reflected on this application. This is the number of exemptions claimed on your tax return. Applications may be subject for review and required to provide proof of income.

REX Healthcare Mobile Mammography Assistance Application

Patient Full Name: _____

Patient Phone Number: _____

Date of Birth: _____

Referred by: _____ Phone Number: _____

Is this your first mammogram? _____ yes _____ no

If not, where was your last mammogram: _____ Date: _____

Currently, are you having any problems with your breast? _____ yes _____ no

If yes, please describe your current symptoms: _____

Do you have a personal history of breast cancer? _____ yes _____ no

Do you have implants? _____ yes _____ no

All patients must have a physician to be seen. Please provide the name of your physician in full:

_____

Complete this information if you are uninsured and applying for financial services.

Do you have insurance? _____ yes _____ no

If yes, pease provide insurance carrier name: _____

Number of dependents in household (number of exemptions claimed on tax return): _____

Annual income: (include patient and spouse): _____

This application is completed by: _____ Phone Number: _____

If any infomation provided proves to be untrue, I understand the hospital may re-evaluate my financial status and take whatever action becomes appropriate.

Patient signature (to be signed at time of appointment): _____

Approved by (REX staff): _____

Not Approved by (REX staff): _____

REX Mobile Mammography Assistance Program. Please fax with registration for to (919) 784-4205.

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UNC REX HEALTHCARE

REVLON susan g. komen NORTH CAROLINA TRIANGLE TO THE COAST ABCF

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