



# Mammogram Match Program

Dear Valued Patient:

Thank you for your interest in the Cris Collinsworth ProScan Fund's Pink Ribbon Mammogram Match Program!

The **Pink Ribbon Mammogram Match** program provides no cost mammograms at our Pink Ribbon Centers to qualified patients. The Pink Ribbon Women's imaging centers are located in Tri-County, Madisonville and Over-the-Rhine. You may qualify for the program if you are uninsured, underinsured, and have an annual family income at or below 250% of the current poverty guidelines. Attached you will find the application form with more details on qualifying for the program. Please read the eligibility criteria carefully.

Please fill out the application, sign it, and fax, email or mail it back to our office at the address listed at the top of the application. Once we have received the completed application, we will review and contact you. Should you qualify for the program, you will then be scheduled for an appointment. If you do not qualify, our women's imaging staff members will guide you in finding other cost-effective options to receive a mammogram.

Should you make an appointment at one of our Pink Ribbon Centers, you will also be eligible to receive complimentary transportation to and from your appointment at our center. When you schedule your appointment, please let the receptionist know if you would like to schedule transportation as well.

Please understand the information you provide on the application will be kept private and used only to process your application.

Getting an annual Mammogram is the best way to detect breast cancer at its early, most curable stage. Approximately 12% of women will develop breast cancer in her lifetime and more than 8,000 new cases of female breast cancer are diagnosed annually in Ohio. The Pink Ribbon makes getting your annual mammogram as convenient as possible. We hope you will utilize our services!

Thanks,

The Cris Collinsworth ProScan Fund  
513-924-5038 (office)



# Mammogram Match Program

OTR: \_\_\_\_\_  
RB: \_\_\_\_\_  
TC: \_\_\_\_\_

## APPLICATION FOR SERVICES AND INCOME DISCLOSURE

PLEASE RETURN TO: Mammogram Match Program, 5400 Kennedy Avenue, Cincinnati, OH 45213  
or FAX back to 513-352-9370

Full Name: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Are you experiencing any breast problems: Yes \_\_\_ No \_\_\_

Do you have any type of health insurance? Yes \_\_\_ No \_\_\_ Employer \_\_\_\_\_

If yes, does it have coverage for Mammography? Yes \_\_\_ No \_\_\_

Do you have (check one): \_\_\_ Medicare \_\_\_ Medicaid \_\_\_ Other Amount of Deductible: \_\_\_\_\_

**Number of family members** (including yourself) living at home: \_\_\_\_\_

### Please fill in all pertinent income information below:

	Patient	Spouse	Working Children
Monthly Salary (gross)	\$	\$	\$
Public Assistance Benefits	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Social Security Benefits	\$	\$	\$
Worker's Compensation	\$	\$	\$
Child Support	\$	\$	\$
Other income (alimony, etc.)	\$	\$	\$

Total Family Income Amount: Monthly \$ \_\_\_\_\_ Yearly: \$ \_\_\_\_\_

All personal financial information provided to the Cris Collinsworth ProScan Fund will be used solely for the purpose of determining eligibility for assistance. All information on the application and supporting materials will be kept confidential.

I hereby attest that the information provided on this application is true and correct. I authorize the Cris Collinsworth ProScan Fund to verify any information contained in this document for the purpose of assessing financial need and determining eligibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Approved \_\_\_ Not Approved

Signature, Authorizing Official: \_\_\_\_\_ Date: \_\_\_\_\_



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**Eligibility Criteria:** To be eligible for services at no cost at the ProScan Pink Ribbon Centers:

- YOU MUST BE AT OR BELOW THE INCOME GUIDELINES based on current US DHHS Poverty Guidelines (250% Poverty Level)
- YOU MUST BE UNINSURED OR UNDERINSURED (HIGH DEDUCTIBLE)
- YOU MUST BE A RESIDENT OF THE 13 COUNTIES COVERED BY OUR PROGRAM (SEE BELOW)
- YOU MUST NOT BE RECEIVING SERVICE FOR PRE-BREAST AUGMENTATION COSTMETIC SURGERY

Covered Counties include:

OHIO: BROWN, BUTLER, CLERMONT, HAMILTON, HIGHLAND, MONTGOMERY, PREBLE, WARREN

KENTUCKY: BOONE, CAMPBELL, KENTON

INDIANA: DEARBORN, FRANKLIN

PLEASE PROVIDE THE FOLLOWING SUPPORTING DOCUMENTATION:

- Driver's license or other form of identification
- Copy of Medical Insurance Card, if applicable
- Check stubs for the past 30 days for all persons employed and living in the home
- If applicable, unemployment check stubs for the past 30 days
- Most recent IRS Tax Forms (1040 and W-2)

How did you hear about the Pink Ribbon Center? (Please check all that apply)

Recommended by current or former patient

Referred by local agency or nonprofit

From a friend or family member

Yellow Pages listing

Referred by a physician

Other (please specify : \_\_\_\_\_)

Advertising (please specify : \_\_\_\_\_)