



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

Name: First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone (Home): _____ (Cell): _____ Can we text you? Yes _____ No _____

Email: _____ Can we email you? Yes _____ No _____

Age: ____ Birth Date: _____ Race: _____ Physician Name: _____

Are you experiencing any new breast problems (e.g. lump, nipple discharge)? Yes _____ No _____

Are you Pregnant? Yes _____ No _____ Are you currently Breast Feeding? Yes _____ No _____

Do you have health insurance? Yes _____ No _____ If yes, does it cover Mammography? Yes _____ No _____

Amount of Deductible: \$ _____ Do you have (check one): Medicare ____ Medicaid ____ Other ____

Are you interested in complimentary transportation? Yes _____ No _____

Number of family members (including yourself) living at home: _____

Please fill in all pertinent income information below:

| | Patient | Spouse or Dependent |
|------------------------------|---------|---------------------|
| Monthly Salary (gross) | \$ | \$ |
| Unemployment Benefits | \$ | \$ |
| Worker's Compensation | \$ | \$ |
| Social Security Benefits | \$ | \$ |
| 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 _____

Signature, Authorizing Official: _____ Date: _____

Approved ____ Not Approved ____



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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 : _____)