



## 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 screening / diagnostic mammograms, breast ultrasound and breast biopsy at our Pink Ribbon Centers to qualified patients. You may qualify for this program if you are uninsured, underinsured, and have an annual family income at or below 250% of the current federal poverty guidelines. We offer our services to all age groups and genders.

Please fill out the attached application and return to our office via email, fax or mail. Should you qualify for the program, we will reach out to you to schedule an appointment. If you do not qualify, our Pink Ribbon Center staff members will help guide you in finding other cost-effective options to receive a mammogram.

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

The ProScan Pink Ribbon Centers are conveniently located in Tri-County and Madisonville. Thanks to our partners at Lexus, you will also be eligible to receive complimentary transportation to and from your appointment at the Pink Ribbon Centers through our Cruisin' for a Cure ride program. When you schedule your appointment, please let the receptionist know you would also like to schedule transportation.

Early detection saves lives. Getting an annual Mammogram is the best way to detect breast cancer at the early stage when it is most curable. Approximately 12% of women will develop breast cancer in their lifetime and more than 8,000 new cases of female breast cancer are diagnosed annually in Ohio. We developed the Pink Ribbon programs make getting your annual mammogram as convenient as possible. We are in this together!

Sincerely,

The Cris Collinsworth ProScan Fund  
Pink Ribbon Programs

Cris Collinsworth ProScan Fund  
5400 Kennedy Avenue | Cincinnati | Ohio | 45213  
ccpf.org | 513-924-5030 | pinkribbon@proscan.com



# Mammogram Match Program

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: \_\_\_\_\_

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 \_\_\_\_\_

Printed Name \_\_\_\_\_

For CCPF Purposes Only: Approved _____ Not Approved _____ 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 : \_\_\_\_\_)

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