

Free Screening Mammograms FOR WOMEN WHO QUALIFY



Tell Your Mom. Save a Life...and more!
A program of
Laughlin Memorial Hospital, Laughlin Health Care Foundation,
and in partnership with Greene County Health Department

This program is designed to help uninsured/underinsured women to receive a free screening mammogram. To be eligible for this program all of the following must apply to you:

- This program is offered to women that are between the ages of 40 through 64
- For women with health insurance that will not cover a screening mammogram or do not have health insurance
- Meet the 2015 Income guidelines, as listed below:

Persons in Family	MONTHLY	ANNUAL
1	\$2,452 or less	\$29,425 or less
2	\$3,319 or less	\$39,825 or less
3	\$4,185 or less	\$50,225 or less
4	\$5,052 or less	\$60,625 or less

Please complete the following application:

Name _____ Age _____ Date of Birth _____

Address _____

Day Time Phone _____ Cell Phone _____ Evening Phone _____

I authorize appointment reminders to be texted to my cell phone number. Message and data rates may apply. _____ Yes _____ No

Who is your family physician or OB/GYN? _____

Family physician or OB/GYN address and phone number: _____

Have you ever had a mammogram? ___ Yes ___ No

If yes, DATE: _____ and facility where you had your last mammogram: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Do you have health insurance that covers the cost of a screening mammogram? ___ Yes ___ No
2. What is your current gross annual household income? _____
3. How many persons live in your household? _____
4. Have you had a breast examination by a doctor or other healthcare professional in the past 12 months? ___ Yes ___ No
If no, when are you scheduled to see your doctor? _____
5. Do you perform breast self-examination each month? ___ Yes ___ No
6. Do you have a lump in either breast that you can feel? ___ Yes ___ No
If so, which breast? ___ Right breast ___ Left breast

All information is confidential and will be used only for eligibility determination. If you are uninsured or underinsured and there is an abnormality with your mammogram or you need further diagnostic testing you will be referred to the Tennessee Breast and Cervical Cancer Screening Program.

Applicant Signature

Date

FOR INTERNAL USE ONLY	
Appt. Date	
Appt. Made By	

FOR CLINIC USE ONLY
PLEASE RETURN APPLICATION TO: Laughlin Health Care Foundation
Fax #: 423-798-6542
Phone #: 423-787-5117
MAKE APPOINTMENT FOR MAMMOGRAM WHILE PATIENT IS AT CLINIC: Laughlin Center for Women's Health
Phone #: 423-787-5123