

Rex Healthcare Mammography Certificate Program Criteria



PURPOSE:

The Rex Mammography Certificate Program is designed to help medically underserved women in our surrounding areas in need of a screening mammogram through the Rex Mobile Mammography Coach and/or additional diagnostic imaging through Rex Breast Care Center or Rex Healthcare of Wakefield

ELIGIBILITY:

- Women must be age 35 years and older (screening only)
- Women must be age 30 years and older (diagnostic/ultrasound only w/order)
- Women must have a physician
- Only women in need of a screening or diagnostic mammogram, and breast ultrasound
- Women without medical insurance and with a financial need (see table below)
- Mammography Assistance Application must be completed and signed by applicant

| Size of Family | Maximum Household Income |
|----------------|--------------------------|
| 1 | \$20,000 |
| 2 | \$20,000 |
| 3 | \$25,000 |
| 4 | \$25,000 |
| 5 | \$30,000 |
| 6 | \$30,000 |
| 7 | \$30,000 |
| 8 or more | \$35,000 |

HOW TO QUALIFY

Women must qualify for this program before making an appointment.

- Call Rex Mammography Assistance at (919)784-2143 (all calls returned within 48 hours)
- Completing an application and submitting it to fax (919) 784-4205 or mailing to 2800 Blue Ridge Road, Suite 204, Raleigh, NC 27607
- **All screening mammograms are scheduled on the Rex Mobile Mammography Coach**
- **All diagnostic mammograms and breast ultrasounds are scheduled at Rex Breast Care Center or Rex Healthcare of Wakefield**

COVERAGE:

This is applicable to mammogram screenings, diagnostic mammograms, and breast ultrasound services.

- **For qualified uninsured women:** approved mammography services are covered in full.

PLEASE NOTE THE FOLLOWING:

- Rex reserves the right to use their own discretion on covering any/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. Applicants may be subject for review and required to provide proof of income.

Rex Healthcare's Mammography Assistance Application

Please fax back to (919) 784-4205 or mail to Rex Mammography Assistance Program at 2800 Blue Ridge Road, Suite 204, Raleigh, NC 27607

Patient Full Name: _____

Patient Phone Number: _____

Date of Birth: _____

Referred By: _____ Phone Number: _____

Please circle below the Mammography Service and location you need to be scheduled:

Rex Breast Care Center in Raleigh or Rex Healthcare of Wakefield

Bilateral Diagnostic Mammogram

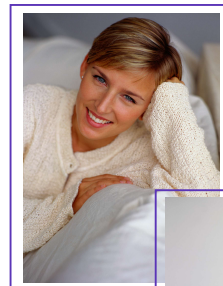
Unilateral Diagnostic

Bilateral Ultrasound

Unilateral Ultrasound

Rex Mobile Mammography Coach

Screening Mammogram



Is this your first mammogram? ☐ yes ☐ no

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

Currently, are you having any problems with your breasts? ☐ 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: _____

Do you have insurance? ☐ yes ☐ no

If yes, please 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 information 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): _____

This program is made possible through the Rex Healthcare Foundation with funding from the NC Triangle affiliate of Susan G. Komen for the Cure and The Rex Hospital Open.

