



## Greater Gallatin United Way/Bozeman Deaconess Health Services Mammogram Project

### About the Reduced Income Mammogram Project

Thank you for your interest in the Greater Gallatin United Way/Bozeman Deaconess Health Services Mammogram Project. It is our goal to make this lifesaving detection procedure available to all women regardless of income. Funding is available for screening mammograms for women without insurance and underinsured women.

In order to qualify, women must meet the following criteria:

- Low income
- No health plan coverage or a health plan with prohibitively high co-pays for mammography

### To Obtain a Voucher for Your Mammogram

Mail or fax the following to the Health Information Center:

- The attached completed application.
- Proof of income showing total household monthly income including spouse (e.g., most recent pay stub, or copy of unemployment check, or copy of financial aid check or copy of current taxes).
- Proof of a clinical breast exam performed by a health care professional *within the past year* (typically a mammogram order or prescription form).
- If you do not have this order please have your health care provider mail or fax to the Health Information Center.

*Mail application and supporting documentation to:*  
Bozeman Deaconess Health Information Center  
915 Highland Blvd.  
Bozeman, MT 59715

*Fax application and supporting documentation to: (406) 522-1887.*

### Qualifying Applicants/Scheduling Appointments

For those applicants who qualify for the program and have submitted all appropriate documents, a mammogram voucher will be mailed to you within seven business days. ***Once you've received your voucher, schedule your mammogram by calling Advanced Medical Imaging at (406) 556-5201 and inform them you have applied for this program.*** Please bring the mammogram voucher to your mammogram appointment. Vouchers are non-transferable and may only be used at Advanced Medical Imaging. The outcome of your mammogram is important to us. Therefore, you will receive a call from us in the future inquiring about the outcome of your appointment—your cooperation is appreciated, as it will help us to determine the effectiveness of our project.

For more information or questions about this program, call Bozeman Deaconess Health Information Center at (406) 522-1644.



Greater Gallatin  
United Way



Bozeman Deaconess  
HEALTH SERVICES



Advanced Medical Imaging  
Bozeman Deaconess Hospital & Intercity Radiology

Greater Gallatin United Way/Bozeman Deaconess Health Services Mammogram Project Application

Application date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_

Use the following table to determine your eligibility.

	1 Person	2 People	3 People	4 People	5 People	Option to Donate
Income Level	Up to \$1479/mo	Up to \$2020/mo	Up to \$2543/mo	Up to \$3066/mo	Up to \$3650/mo	\$5
	Up to \$1969/mo	Up to \$2658/mo	Up to \$3346/mo	Up to \$4035/mo	Up to \$4803/mo	\$10
	Up to \$2206/mo	Up to \$2977/mo	Up to \$3748/mo	Up to \$4519/mo	Up to \$5379/mo	\$20

Number of people in household, including yourself: \_\_\_\_\_

Monthly gross income of all adults: \$ \_\_\_\_\_

Do you have health insurance that may cover part of this service?  Yes  No

Have you had a mammogram before?  Yes  No

Date of last mammogram: \_\_\_\_\_

Would you care to make a donation to the Mammogram Project?  Yes  No

(Please make check out to "BDF" and submit with your application or mail to address below)

**How did you hear about the program? (please check all that apply)**

- Doctor, Nurse
- Friend or Relative
- TV, Radio, Newspaper
- Health Fair
- Re-screen/ Previously Enrolled
- Other: \_\_\_\_\_

**Before submitting application, please ensure you have provided:**

- Proof of income showing total household monthly income including spouse
- Proof of a clinical breast exam performed by a health care professional within the past three months (or have your health care provider send a mammogram order or prescription form to address below or fax to 406-522-1887)

**Mail application to:**

Bozeman Deaconess Health Information Center  
915 Highland Blvd.  
Bozeman, MT 59715

Bozeman Deaconess Health Services, United Way and Advanced Medical Imaging make this program possible.

**For Internal Use Only**

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_  Proof of income  Mammogram order  Donation ck# \_\_\_\_\_

Project eligible \_\_\_\_\_ Initial \_\_\_\_\_ Voucher sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Bozeman Deaconess Health Information Center 406 522 1644

Revised: 03/10