



REX MOBILE MAMMOGRAPHY PATIENT INSTRUCTIONS for SCREENING MAMMOGRAMS

All patients must present a photo ID and insurance card if applicable and have a scheduled appointment and be pre-registered.

Please fax documents directly to the REX Mobile Mammography office at (919)784-4205.

To be eligible for a screening you:

- Must have an active physician or medical home
- Must not have a personal history of breast cancer
- Must not have any abnormal symptoms (i.e. pain, new lump or nipple discharge – please contact your physician for follow up if you have any of these symptoms.)
- Must be at least 35 years of age (confirm coverage with insurance carrier)
- Must not have had a mammogram in the last 12 months (confirm coverage with insurance carrier if less than 12 months)
- Must make us aware if you have breast implants so you can be scheduled appropriately
- May not be pregnant or breastfeeding.

Please be sure to include the full name, address and phone number of your physician on registration form. All patients must have a physician. Please also be sure to indicate where you had your last mammogram. If your previous mammogram was with REX, please indicate it on the form.

Prior to your appointment, call the mammography facility and have them send your last mammogram films and report to:

REX Image Service Center
2800 Blue Ridge Road, Suite 210
Raleigh, NC 27607

If you are uncertain about your previous mammography facility, please call your physician's office and have them check your medical record report.

Attention to these guidelines will help us greatly in the registration process and will reduce the wait time on the day of your exam. Thank you for choosing REX Mobile Mammography to provide your annual mammogram.

If you have any questions, contact your site coordinator, or you may call REX Mobile Mammography at (919) 784-4210.





REX Mobile Mammography Registration

All patients must bring their photo id and insurance card, if applicable, to their appointment.

MUST COMPLETE ALL QUESTIONS

Time: _____ Date of Appointment: _____

REGISTRATION INFORMATION: READ AND COMPLETE FORM IN FULL. FORM MUST BE LEGIBLE

Name (Last, First, Middle) : _____

DOB: _____ Race: _____ Language: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone Number: _____ Cell Phone Number: _____

Last 4 of SSN: _____ Marital Status: _____

Email: _____

When was your most recent COVID vaccine or booster? _____

If you have received a COVID Vaccine or Booster, it is recommended to wait 4-6 weeks after a COVID Vaccine/Booster to have a screening mammogram. If it has not been, please notify your medical care provider to reschedule your mammogram to comply with recommendation.

Name of Medical Provider: _____

Name of Practice Provider is at: _____

Address of Practice: _____

Phone Number : _____ Fax Number: _____

If you have medical insurance, please attach a copy of the insurance card.*

If no insurance or Medicaid Family Planning only, please complete the Rex Mamm Assistance Application.

Have you been seen at REX or UNC (includes REX Mobile)? ___ Yes ___ No

If Yes; please provide your UNC REX Medical record Number : _____

BREAST HEALTH INFORMATION:

Reason for Today's Mammogram? _____ Routine _____ Other

Have you had or Do you have breast cancer? _____ Yes _____ No

(If yes, must schedule a diagnostic mammogram with referral from provider.)

Have you been breastfeeding within the last 12 weeks? _____ Yes _____ No

Have you had any benign breast surgeries? _____ Yes _____ No

If Yes, Side: L / R / Both Type: _____

Do you have breast implants? ___ Yes ___ No If Yes, What kind: Silicone / Saline / _____

LAST MAMMOGRAM

Where: _____

When: _____

EMERGENCY CONTACT

Name (first and last): _____

Relationship: _____

Phone Number: _____

Address: _____





UNC REX HEALTHCARE MOBILE MAMMOGRAPHY ASSISTANCE PROGRAM CRITERIA

The REX Mammography Assistance Program is designed to help uninsured women, who do not qualify for BCCCP, in our surrounding areas in need of a screening mammogram through the REX Mobile Mammography Coach at their medical clinic, local health department or a community event.

Eligibility:

- Women must have a medical home (if not, contact your local health department)
- Women must be age 35 years and older for baseline screening mammogram
- Only women in need of a screening mammogram
- Women without medical insurance who meet the financial criteria (see table)
- Mammography Assistance Application must be completed and submitted with Pre-exam form for REX
- Applications can be signed by applicant at time of appointment and submitted with REX pre-exam form.

Size of Family	Maximum Household Income
1	\$25,000
2	\$28,000
3	\$30,000
4	\$35,000
5	\$40,000
6	\$40,000
7	\$45,000
8 or more	\$45,000

How to Qualify:

- All screenings are scheduled on the REX Mobile Mammography Coach. If the mobile unit visits your medical clinic or local health department, feel free to contact them to register for a free mammogram.
- Applications must be completed on all REX Mobile Mammography Assistance applicants and can be done through a community partner.
- If the REX Mobile Mammography unit does not come to your medical provider's office or local health department, please call (919) 784-4210.

PLEASE NOTE THE FOLLOWING:

- UNC REX reserves the right to use their own discretion on covering 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. Applications may be subject for review and required to provide proof of income.

REX Healthcare Mobile Mammography Assistance Application

Patient Full Name: _____

Patient Phone Number: _____

Date of Birth: _____

Referred by: _____ Phone Number: _____

Is this your first mammogram? _____ yes _____ no

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

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

Complete this information if you are uninsured and applying for financial services.

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): _____

REX Mobile Mammography Assistance Program. Please fax with registration for to (919) 784-4205.

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

