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 (screening only)
- 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.

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.

UNC REX HEALTHCARE MOBILE MAMMOGRAPHY ASSISTANCE PROGRAM CRITERIA

<table>
<thead>
<tr>
<th>Size of Family</th>
<th>Maximum Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$25,000</td>
</tr>
<tr>
<td>2</td>
<td>$28,000</td>
</tr>
<tr>
<td>3</td>
<td>$30,000</td>
</tr>
<tr>
<td>4</td>
<td>$35,000</td>
</tr>
<tr>
<td>5</td>
<td>$40,000</td>
</tr>
<tr>
<td>6</td>
<td>$40,000</td>
</tr>
<tr>
<td>7</td>
<td>$45,000</td>
</tr>
<tr>
<td>8 or more</td>
<td>$45,000</td>
</tr>
</tbody>
</table>

REXHEALTH.COM/MAMMOGRAPHY
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, REVLO, ABCF and The Rex Hospital Open.