



REX MOBILE MAMMOGRAPHY ASSISTANCE PROGRAM CRITERIA

The Rex Mammography Assistance Program aims to provide screening mammograms to uninsured and underserved women in our community. These services are available through the Rex Mobile Mammography at medical clinics, local health departments, and community events.

Eligibility:

- Patients must have a medical home and have seen their provider within the last 12 months. If not, contact your local health department.
- Patient must be age 35 years and older to establish baseline screening mammogram
- Patient without medical insurance who meet the financial criteria (see table)
- Rex Mammography Assistance Application (RMA) must be completed and submitted with Rex registration 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:

- 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:

- Rex Mobile Mammography 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 their 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 Mobile Mammography Assistance Application

Patient Full Name: _____

Patient Phone Number: _____

Date of Birth: _____

Physician name: _____ 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 breast implants? _____ yes _____ no

Do you have insurance? _____ yes _____ no

If yes, provide carrier name: _____

Subscriber/Member ID number: _____

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

Number of household members (number of exemptions claimed on tax return): _____

Household annual income: (include patient and spouse, if applicable): \$ _____

If any provided information is found to be false, I understand the hospital may reassess my financial status and take appropriate action.

Patient signature: _____ Date: _____

If not completed by the patient: _____ Date: _____

For Internal Use Only

Approved by (Rex staff): _____

Not Approved by (Rex staff): _____

Rex Mammography Assistance is valid for one year from the date of the screening exam

This program is made possible through the UNC Foundation and its donors.

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