

Bozeman Health/AMI Mammogram Project

About the Reduced Income Mammogram Project

Thank you for your interest in the Bozeman Health/AMI 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 Resource 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).
- 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 Resource Center.)

Mail application and supporting documentation to:

Bozeman Health Resource Center
915 Highland Blvd.
Bozeman, MT 59715

Fax application and supporting documentation to: (406) 414-1887 or email info@bozemanhealth.org

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) 414-5201.** 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 Resource or questions about this program, call
Bozeman Health Resource Center at (406) 414-1644.

Bozeman Health/AMI Mammogram Project Application

Name: _____ Date: _____

 Mailing Address: _____

Date of Birth: _____ Phone: () _____

Use the following table to determine your eligibility.

	1 Person	2 People	3 People	4 People	5 People
Income Level	Up to \$2500/mo	Up to \$2977/mo	Up to \$3748/mo	Up to \$4519/mo	Up to \$5379/mo

 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 "Bozeman Health Foundation" and submit with your application or mail to address below)
How did you hear about the program? (Please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Doctor, Nurse | <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> TV, Radio, Newspaper |
| <input type="checkbox"/> Health Fair | <input type="checkbox"/> Re-screen/ Previously Enrolled | <input type="checkbox"/> Other: _____ |

Before submitting application, please ensure you have provided:

- Proof of income showing total household monthly income including spouse
- Mammogram order or prescription (mail a copy to address below or fax to 406-414-1887 or send an email to info@bdh-boz.com)

Mail application to:

 Bozeman Health Resource Center
 915 Highland Blvd.
 Bozeman, MT 59715

Bozeman Health & Advanced Medical Imaging makes this program possible.
For Internal Use Only

 Date received ____ / ____ / ____ Proof of income Mammogram order Donation ck# _____
 Project eligible _____ Initial _____ Voucher sent ____ / ____ / ____