Livingston HealthCare Mammogram Program
Eligibility and Enrollment Form

Eligibility

What is your age? ____________________

Family's yearly income before taxes? _____

Number of people in household? _________

Do you have Medicare Part B? ___________

Do you have Medicaid? ________________

Do you have insurance? _______________

Insurance provider____________________

What is your deductible? _______________

Does it cover a mammogram? ___________

Mammogram coverage? ________________

If need help understanding your insurance coverage, call 823-6414 to talk to a Patient Financial Services Representative who can help.

Enrollment Information

Social Security Number: ___________________________ Date of Birth: __________________

Name: ___________________________________ Other Last Name(s) Used: _____________

Mailing Address: ____

City: _________________________ ST ___ ZIP ________ County of Residence ____________

Home Phone: _____________________________ Work Phone: _______________________

Email: ____

Medical Background

Are you having any breast problems? ____

Do you have breast implants? ____

Have you ever had a mammogram? ____

Date of last mammogram? ____

When was your last annual exam / pap smear? ______________________________________

Ethnic Background

(Check all that apply)

- ☐ White (non-Hispanic)
- ☐ Hispanic
- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Unknown

How did you hear about this program

(Check all that apply)

- ☐ Radio
- ☐ Newspaper
- ☐ *Living Well* Newsletter
- ☐ Livingston HealthCare On-Hold Phone Messaging
- ☐ Internet
- ☐ Presentation
- ☐ Medical Provider
- ☐ Family/Friend/Word of Mouth
- ☐ Special Event

Additional Information: ____

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Livingston HealthCare Mammogram Program

The Livingston HealthCare Mammogram Program provides mammograms for uninsured or underinsured women aged 40 to 64 who meet the program guidelines. The program includes screening and diagnostic mammograms, and breast ultrasounds, when needed. Tests will be provided by Livingston HealthCare.

If your physician has already referred you for a diagnostic mammogram or if you have not had an annual exam in more than two years you may be eligible for more comprehensive assistance through the Montana Cancer Screening Program. Please contact their office at 406-582-3107.

Program Guidelines
The Livingston HealthCare Mammogram Program provides mammograms for women:

- Aged 40–64
- Under 40 with a specific request from a provider
- Who have no insurance or a high deductible
- Who meet the income requirements below
- Who live in Park County

Gross Yearly Income (income before taxes)	
Family Size	Total Family Income
1	$27,925
2	$37,825
3	$47,725
4	$57,625
5	$67,525
6	$77,425
7	$87,325
8	$97,225

Instructions
Please complete the Eligibility and Enrollment Form on the back of this sheet and return it to:

Livingston HealthCare Mammogram Program
1001 River Drive
Livingston, MT 59047

Confidential Fax: 406-222-7606

We will notify you once we have reviewed your application. If you are eligible, you will receive a voucher in the mail for your mammogram. Present your voucher to hospital registration when you arrive for your mammogram appointment.

Official Use Only

Form received by: ____________________ Date: __________

Eligibility determination: ____________________ Date: __________

Patient notified:___________ Date:________________ Voucher Sent:_________ Date:_____________