



**Qualifications for free mammograms funded by the Keeping Abreast Foundation  
in partnership with Woodlands Medical Specialists.**

Screening and diagnostic mammograms and ultrasound services are provided on a first come, first serve basis. In order to schedule an appointment, you will need to complete the form below with our onsite Woodlands Care Coordinator located at 4724 North Davis Hwy., in Pensacola, FL. For inquiries, contact 850-696-4000.

**Eligibility Requirements**

- Age 40 and older
- Or, under age 40 who are at an increased risk for breast cancer
- A resident of Escambia, Santa Rosa, Okaloosa, or Walton Counties in the state of Florida
- No insurance and ineligible for Medicaid or Medicare coverage or any other form of public assistance
- Or, meet income eligibility guidelines based on the size of your family
  - Income guidelines are based on 300% of the national poverty level as published in the Federal Register. These guidelines listed below are based on 2015 poverty guidelines. *\*Applicant must show proof of income by providing current tax form.*
  - You should make less than the annual or monthly income that is listed next to the size of your family.

Family Size	Gross Annual Income	Gross Monthly Income
1	\$35,310	\$2,942
2	\$47,790	\$3,982
3	\$60,270	\$5,022
4	\$72,759	\$6,062
5	\$85,230	\$7,102
6	\$97,710	\$8,142
7	\$110,190	\$9,182
8	\$122,670	\$10,222

Over 8 add per child

+\$12,480

+\$1,040



**Patient Eligibility Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Annual HH Income: \_\_\_\_\_ Number of Persons in HH: \_\_\_\_\_

Have you ever had a mammogram?    Yes    No    If yes, list when: \_\_\_\_\_

Do you currently have insurance?    Yes    No

If yes, name of insurance provider: \_\_\_\_\_

Have you exhausted other forms of public financial assistance?                      Yes                      No

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Woodlands Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Scheduled On:** \_\_\_\_\_