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
- 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.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Gross Annual Income</th>
<th>Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$35,310</td>
<td>$2,942</td>
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<tr>
<td>2</td>
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<td>8</td>
<td>$122,670</td>
<td>$10,222</td>
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</tbody>
</table>

Over 8 add per child  +$12,480  +$1,040

WOODLANDS® Medical Specialists

KEEPING ABREAST FOUNDATION
Patient Eligibility Form

Name: _______________________________ Date of Birth: ________________

Address: _______________________________ City: __________________________

State: _________ Zip: ___________ County: __________________________

Phone Number: __________________________________________________________

Referral Source: __________________________________________________________

Annual HH Income: _______________ Number of Persons in HH: _____________

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

Do you currently have insurance? If yes, name of insurance provider: ______________

If no, continue with the following questions:

Have you ever applied for Medicaid? Yes No

If no, please speak to our Woodlands Medical Specialists Care Coordinator during your visit and stop completing this form.

If yes, what is your Medicaid status? Covered Denied

Not yet covered (provide application date): ____________

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

Applicant Signature: _______________________________ Date: ________________

Woodlands Signature: _______________________________ Date: ________________