Keeping Abreast Program Information and Eligibility Form

Below are the qualifications for free breast imaging funded by the Keeping Abreast Foundation in partnership with Woodlands Medical Specialists for patients who qualify.

Screening and Diagnostic Mammogram, Breast Ultrasound, Breast MRI, and Breast Biopsy services are provided on a first come, first serve basis.

In order to schedule an appointment, you will need to complete the form attached with our onsite Woodlands Patient Financial Counselors located at 4724 North Davis Highway or 161 E. Nine Mile Rd in Pensacola, Florida. For inquiries contact 850-696-4312.

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 are based on **2025** 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 designated qualifying based on the size of your family.

Family Size	Gross Annual Income (2025)	Gross Monthly Income (2025)
1	$46,950	$3,913
2	$63,450	$5,288
3	$79,950	$6,663
4	$96,450	$8,038
5	$112,950	$9,413
6	$129,450	$10,788
7	$145,950	$12,163
8	$162,450	$13,538
Over 8 (add per child)	$16,500	$1,375

WOODLANDS MEDICAL SPECIALISTS

KEEPING ABREAST FOUNDATION

Patient Eligibility Form

Name: _____ Date of Birth: _____

Address: _____

State: _____ Zip: _____ County: _____

Phone Number: _____

Email Address: _____

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: _____

WOODLANDS
MEDICAL SPECIALISTS

KEEPING ABREAST FOUNDATION