

**For Office Use Only**

Mammogram Screening Approved?  Yes  No

Mammogram Completed by:  Gundersen Lutheran  Winneshiek Medical Center

Date mammogram screening was completed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Patient physician/provider: \_\_\_\_\_

# *Celebration of Life*

## **Application for Screening Mammogram Benefits**

1. What county do you reside in?  
\_\_\_\_\_
2. What is your date of birth  
(month/date/year)? \_\_\_\_\_
3. Do you have any of the following
  - a. Medicare coverage?  Yes  No
  - b. Medicaid coverage?  Yes  No
  - c. Medical Insurance?  Yes  NoIf Yes, what is your deductible? \_\_\_\_\_
4. What is your gross annual household income?  
\$ \_\_\_\_\_
5. How many members are there in your family household? \_\_\_\_\_
6. Have you ever had a mammogram?  Yes  No
7. What is the name of your provider who is to receive your test results?  
\_\_\_\_\_

I prefer to have my mammogram at Winneshiek Medical Center

I prefer to have my mammogram at Gundersen Lutheran – Decorah Clinic

**Application may be dropped off at Margaret's Clothing in downtown Decorah or mail it to:  
Winneshiek County Celebration of Life  
c/o Margaret's Clothing  
210 W. Water St.  
Decorah, IA 52101**

Free mammogram screenings are provided three times each year—April, July and November. Your information will be reviewed by the Winneshiek County Celebration of Life Committee and you will be notified if your application is approved or denied. If approved, you will be contacted to arrange an appointment and your screening results will be sent to your primary care provider.

Please provide us with your contact information:

Name: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Funds provided by Winneshiek County Celebration of Life with services provided by:*

