

FOX CHASE CANCER CENTER

*333 Cottman Avenue
Philadelphia, PA 19111-2497*

Date

Name & Title
Company Name
Address

Dear

Thank you for scheduling Fox Chase Cancer Center's Mobile Mammography Program for your corporate population on _____. Enclosed please find your registration packets.

Please see the attached instruction sheet for detailed information and kindly pay special attention to the screening guidelines so that screening appointments are not given to ineligible women. This will help to prevent any delays on the day of the screenings.

We ask that you **meet the mobile unit technologists 1-hour prior to the first appointment**. At this meeting, please verify that the parking location is correct, as our van driver will leave the site shortly thereafter. This means **we will be unable to move the vehicle until after the last appointment**. We also ask at this time that you communicate any last minute cancellations to the technologists and provide our staff with directions and any necessary passes to the restrooms, cafeteria and vending areas.

Please fax your full schedule to me at 215-214-1675 by Wednesday January 31, 2007.

Registered participants are to complete both sides of the Health History Questionnaire and sign, obtain a prescription from their physician (a faxed copy is acceptable), and photocopy both the front and back of their insurance identification card. They are to bring these papers with them to the van. Participants are to bring a check to cover their co-pay or self-pay, and previous films, **if applicable**. Please be sure they read their information carefully to avoid unnecessary delays on the day of their screening.

We hope this information assists you with a smooth registration. Should you have any questions or concerns, please do not hesitate to call me at **215-728-7481**.

Sincerely,

Leeann J. Speechley, Coordinator
Corporate Mobile Mammography Program

Fox Chase Cancer Center 2007 Mobile Mammography Program

REGISTRATION INSTRUCTIONS – PLEASE READ CAREFULLY

1. Review the screening guidelines for registration eligibility. Participants **must be 40 years of age and be one full year (365 days) since their last mammogram.**

SCREENING CRITERIA – PLEASE REVIEW CAREFULLY.

A woman is **not eligible** for a screening mammogram on the van if any of the following apply:

- She is under the age of 40 (please see *FOR AETNA MEMBERS *FOR IBC MEMBERS) below
- She has implants
- She has had a breast cancer diagnosis within the past two years
- She is currently being treated for breast cancer
- She has a new breast problem (such as a palpable lump, skin changes or nipple discharge)
- She does not provide a prescription from her physician
- She does not provide the name and address of at least one physician
- She does not bring her previous mammography films for comparison purposes
- She is currently breast-feeding or has breast-fed within the last 9 month

***FOR AETNA MEMBERS:**

AGES 35 TO 39: One baseline mammography between the ages of 35 to 39 . Participants must obtain a prescription from their physician. This is not a referral.

***FOR IBC MEMBERS:**

Starting at **AGE 35**, Independence Blue Cross allows yearly mammograms. Participants must obtain a prescription from their physician. This is not a referral.

2. If the woman meets the screening guidelines, give her an appointment time on the provided schedule. Clearly print her full name (first, middle initial, last), date of birth, social security number and a phone number where she can be reached. Please do not leave gaps between appointments and schedule all morning appointments first.
3. Write the woman's appointment date and time on the Confirmation Letter inside one of the provided packets and give or forward the packet to her immediately. Co-pay information, if applicable, van location, etc. can be found on the Announcement which is on the reverse of the Confirmation Letter. Remind her that she must read the instructions provided.
4. The women that you schedule for a screening mammogram are instructed via a letter inside their registration packet to; 1) obtain a prescription from her physician, (a faxed copy is acceptable) and; 2) photocopy both sides of her insurance identification card. Once she these items, she is to place them in the registration envelope provided and bring to the mobile unit on the day of her appointment.
5. Return the completed schedule(s) to Leeann Speechley via fax at 215-214-1675 by Wednesday January 31, 2007.
6. Any last minute changes to the schedule must be telephoned to Leeann Speechley, 215-728-7481 at least twenty-four hours prior to the van's scheduled date