

# FOX CHASE CANCER CENTER

333 Cottman Avenue  
Philadelphia, PA 19111-2497

Date

Name & Address

Dear,

Thank you for scheduling the Fox Chase Cancer Center's Mobile Mammography Program at your facility on \_\_\_\_\_. The attached ***Corporate Client Guide's General Overview*** will provide you with important information about our Breast Cancer Prevention Program. The ***General Information Sheet***, which is the last page in the guide, is for your completion. You will also find a one-page overview of ***Employer Site Directions for a Successful Screening Day***, and a one-page overview of ***Registration Instructions***.

**To confirm your scheduled date, we ask that you follow these instructions:**

- Prescriptions (**either in prescription pad or other format**) are required from all participants for a screening mammogram on the mobile van. **Please have your employees call their physician and ask that a prescription be mailed or faxed to them.**
- Each participant must complete both the front and back of the Health History Questionnaire and provide a photocopy of both sides of their insurance identification card. In compliance with the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** the registered participants are instructed to place these documents (**completed Health History Questionnaire, photocopy of insurance card, & prescription**) in the supplied registration envelope and bring it with them to the mobile unit on the day of their appointment.
- Once you have finished reading the Guide, please complete and sign the General Information Sheet, which is the last page of the Guide and return to me either by e-mail at [LJ\\_Speechley@fcc.edu](mailto:LJ_Speechley@fcc.edu) or you may fax it to 215-214-1675.

- Please keep this document for future reference. After I receive the completed General Information Sheet, I will create the first draft of your announcement and return it to you for your written approval. Once approved, your registration packets will be forwarded to your attention for distribution to your employees.

FCCC endeavors to have your employee screenings run as smoothly as possible. I am available to address any questions or concerns you may have. Please do not hesitate to call me at 215-728-7481.

Sincerely,  
Leeann J. Speechley, Coordinator  
Mobile Mammography Corporate Screening Program  
Fox Chase Cancer Center

# FOX CHASE CANCER CENTER

*333 Cottman Avenue  
Philadelphia, PA 19111*

## **2007 MOBILE MAMMOGRAPHY CORPORATE CLIENT GUIDE**

### **GENERAL OVERVIEW**

#### **Fox Chase Cancer Center Mobile Mammography Quality Aspects**

- The Mobile Mammography Program, including equipment, technical staff and radiologists, is owned and operated by FCCC.
- The equipment is licensed by the FDA (Food & Drug Administration) and is accredited by the American College of Radiology.
- All X-ray equipment is serviced on a monthly basis.
- Under normal circumstances (when previous films are available) films are interpreted by our radiologists within 48 hours and retained at FCCC.
- All films are run through the R2 ImageChecker®.
- Result letters are sent to the participant and her physician within 10 days of the mammogram.
- If the radiologist finds a problem that requires immediate attention, he or she will contact the participant's physician by telephone.
- After the result letters are mailed, the employer receives correspondence summarizing the results for the dates screened. This letter will contain the total number of women screened along with the total of those (if any) that require further evaluation. However, this letter will not contain any confidential information i.e., name, date of birth, social security number, etc. about the participant screened.

#### **Mobile Mammography Screening Criteria:**

The FCCC Mobile Mammography Program provides screening mammography services for the female population at our corporate client sites. The mammography examination provides a two- (2) view per breast screening for **non-symptomatic women**.

#### **Participant Requirements:**

Employees are to obtain a written prescription from their physician (may be a faxed copy) and complete both sides of the HHQ that is enclosed in their registration packet. They are also instructed to provide a photocopy of both sides of their insurance identification card. Once the employee has all three documents, she is instructed to bring these documents with her on the day of her appointment on the van.

Note - If an employee is unable to obtain a prescription prior to her appointment on the van, she may fax one to our Mammography Department at 215-214-8907 as soon as her doctor forwards it to her.

The FCCC Mobile Mammography Program follows the National Cancer Institute and the American Cancer Society recommendations for mammography screening:

**Eligibility:**

***Age 40 and over - Annual (once a year) mammogram***

A woman is **NOT ELIGIBLE** for a screening mammogram **on the mobile unit** if any of the following apply:

- She is under the age of 40 (please see \***Age Exception** below)
- She has implants.
- She has had a breast cancer diagnosis within the past two year
- 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 the name and address of at least one physician
- She does not obtain a prescription from her 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 months

**\*AGE EXCEPTION: Age 35-39 - AETNA** allows one baseline mammogram for women between the ages of 35 and 39. It must be her first mammogram and she must provide a written doctor's prescription (not a referral). Starting at age 35 **Independence Blue Cross of PA** allows yearly mammograms with a prescription (not a referral).

**Previous Films:**

**All women who have had a previous mammogram** at a site other than on the FCCC mobile mammography van or at the Fox Chase Cancer Center **must bring their previous films with them to the van.** Without previous films, our radiologists will be unable to perform a comparative study of the breast tissue. Each participant for whom this is applicable is responsible to call the previous site of her last screening, obtain her films, and hand carry them to her appointment on the van. After her results are issued, FCCC will retain the films unless otherwise notified by the participant.

**Mammography Result Notification:**

A result letter will be mailed to the participant from our Mammography Department. Questions regarding result letters should be directed to the Mammography Department at 215-728-2646 during business hours of 8:00 A.M. to 4:00 P.M., Monday through Friday.

A detailed narrative report along with a copy of the letter sent to the participant will be sent to the physician listed on the Health History Questionnaire. If there are no previous films to be obtained, the report should be sent within five working days from the date of the mammogram. The employer will receive a summary letter approximately one month after the company's screening date. No names or other identifiers are included in this summary.

### **Insurance Coverage:**

***AETNA, Independence Blue Cross of PA (Keystone 65), Medicare, Horizon BC/BS of NJ Traditional, Horizon BlueCard PPO, & Prudential.***

FCCC currently has contracts with **AETNA, Independence Blue Cross of PA (Keystone 65), Horizon BC/BS of NJ Traditional, Horizon BlueCard PPO, and Prudential** to provide mobile mammography services to their members. We also accept **Medicare**. **It must be one full year since their last mammogram and a prescription is required for all mammograms (this is not a referral).**

**NOTE: AETNA and Independence Blue Cross of PA will allow a window of thirty (30) days i.e., if a woman was screened on April 4, 2004, she may be screened on March 5, 2007. This only applies to members of IBC of PA and AETNA Insurance Company.**

**Women must pay their specialist co-pay amount, if applicable, via check at the time of their appointment on the van.** Failure to provide a photocopy of both sides of their insurance identification card prior to their scheduled appointment will result in a bill being sent to the participant rather than her insurance carrier.

### **All Other Insurance:**

Please call Leeann Speechley in Corporate and Community Outreach at 215-728-7481 to determine the contractual status of any other insurance carrier.

### **Non-participating Insurance Coverage:**

Women who have coverage with a non-participating insurance provider are obligated to pay \$120.00 by check at the time of service. Please make check payable to Fox Chase Cancer Center.

### **No Insurance:**

Uninsured women will be provided an application for coverage under the Pennsylvania State Healthy Women's Program. The application will be completed prior to or at time of service and submitted to the technician. Fox Chase Cancer Center will be responsible for the submission to the Healthy Women's Program. Women will be notified by mail of approval or rejection.

### **Medical Assistance:**

Women with either Keystone Mercy, Health Partners, Elder Health, AmeriChoice, and Senior Health Partners will provide insurance policy numbers otherwise pay the \$120.00 fee by check at time of service. Please make check payable to Fox Chase Cancer Center.

### **Parking Logistics:**

The mobile unit is approximately 40 feet in length, 12' 5" in height and 8 feet in width (an extra three feet must be added for the van's mirrors, steps and door). **Please assign a level parking area large enough for us to properly park the unit.** The parking location cannot be situated on an incline nor should it be between buildings or structures that will interfere with exhaust fumes. The driver will leave the premises shortly after parking the unit. The vehicle must remain in its original parking location until after the last appointment scheduled for that day.

For the convenience of your employees, please locate the parking area as close to a building with a waiting area as possible. **The van can only accommodate three patients at any time. Therefore, women arriving early will not be permitted to wait on the van.**

#### **Minimum and Maximum Number of Participants:**

**A minimum of twenty (20) women is required to reserve the van for a half-day. To reserve the van for a full day, you must register a minimum number of thirty-five (35) women. The maximum amount of screenings that can be performed in one day is thirty-five.**

#### **Maximum Number of Participants for Extended Travel Locations**

**Due to extended distance and travel time (60 plus minutes), a maximum of twenty-five (25) participants can be screened. This is considered a FULL day. Penalty for scheduling less than this number will result in a shortfall bill of multiplied by the number short of the required twenty-five participants. Please see previous paragraph for other charges that may apply.**

#### **Shortfall, No-Show and Cancellation Policy:**

***Any shortfall in the number of participants registered will result in a charge of 120.00 multiplied by the shortfall amount i.e., if you reserve the van for a half day (20 participants) and you only schedule 17 women, you will be billed \$360.00 for three shortfalls. Additionally, an invoice will be issued for 120.00 for each no-show, cancellation (no penalty will be charged if 24 hours' notice is given), or women who are scheduled and are not eligible (see Eligibility Requirements).***

If you are a new client, we suggest that you survey your employees for both their interest in using the van and their eligibility. You may request a copy of our **Satisfaction Survey letter** by calling Leeann Speechley at 215-728-7481.

#### **Cancellation Fees:**

**We require at least a 30-day notification of van cancellations. Cancellations in less than 30 days of your reserved date(s) will result in a penalty charge of \$500 for each day cancelled. FCCC agrees to reserve certain days for your site. In doing so, we make a financial commitment that equipment and staff will be available to serve your employees. Please call Leeann Speechley at 215-728-7481 if cancellation is necessary.**

#### **Weather Conditions/Mechanical Failure:**

**If FCCC has to reschedule your screening date(s) due to weather conditions or equipment difficulty, every effort will be made to accommodate your site with the next available day. The mobile unit does not operate during bad weather nor will the unit be sent to your site if we are aware of any mechanical problems that could impact screening results. In the event that we have to reschedule your screening date due to any of the above, you will not be charged for any shortfalls, cancellations or no-shows that arise from your rescheduled date(s).**

# FOX CHASE CANCER CENTER 2007 MOBILE MAMMOGRAPHY PROGRAM

## OVERVIEW

### EMPLOYER SITE DIRECTIONS FOR A SUCCESSFUL SCREENING DAY

We are happy to be able to provide your employees with our high quality mobile mammography services. To facilitate a successful screening at your company, we ask that you follow these directions:

- Assign a suitable parking location for the mobile unit. Please see “Parking Logistics” in the General Overview section.
- Identify a designated coordinator at the work site as a “contact.” The contact person will be responsible to schedule appointments and coordinate paperwork. If the van will visit more than one location, please assign a contact person at each location. You must allow a minimum of 30 minutes travel time, an hour for lunch, and 10 minute breaks on the fifty (50) of every hour.
- Provide printed directions or a map to your screening site from 333 Cottman Avenue, Philadelphia, PA 19111.
- It is required that you meet the van 1 hour prior to the first appointment. At that time, please verify that the van is parked in the correct location.
- Our van driver will leave the site and not return until after the last appointment, meaning the vehicle cannot be moved during the course of the day.
- Provide the van staff with directions (and any building passes necessary) to use the restroom facilities, cafeteria and/or vending services. It is imperative that our technologists have an on-site contact for any questions that may arise during the screening day.

# FOX CHASE CANCER CENTER 2007 MOBILE MAMMOGRAPHY PROGRAM

## OVERVIEW

### REGISTRATION INSTRUCTIONS

We will provide you with all paperwork required for registration upon receipt of the **completed and signed General Information Sheet**, which is the last page of the 2007 Mobile Mammography Corporate Client Guide. Registration materials include posters, instructions, appointment schedule(s), and employee registration packets. Inside the registration packets, on the reverse of the Confirmation Letter to the participant, you will find the Announcement tailored for your corporation. The Announcement will include information such as the date and time of the screenings, eligibility requirements, co-pays if applicable, and the location of the van at your site.

- Review the eligibility requirements:

#### Eligibility:

#### ***Age 40 and over - Annual (once a year) mammogram***

A woman is **NOT ELIGIBLE** for a screening mammogram **on the mobile unit** if any of the following apply:

- She is under the age of 40 (please see \***Age Exception** below)
- She has implants.
- She has had a breast cancer diagnosis within the past two year
- 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 the name and address of at least one physician
- She does not obtain a prescription from her 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 months

**\*AGE EXCEPTION: Age 35-39 – AETNA** allows one baseline mammogram for women between the ages of 35 and 39. It must be her first mammogram and she must provide a written doctor's prescription (not a referral).

Starting at age 35, **Independence Blue Cross of PA** allows yearly mammograms with a prescription (not a referral).

- If a woman is eligible for a screening mammogram, give her an appointment time on the provided schedule. Clearly print, **in ink** or type (e-mailed schedules are preferred) 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.**

- 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. **Applicable co-pay, insurance information, registration instructions, van location, etc. can be found on the Announcement which is on the reverse of the Confirmation Letter.**
- In addition, please remind her that she must read the instructions and complete and sign both sides of the Health History Questionnaire, **(if she does not provide a physician's name on the Health History Questionnaires, she will not be screened)**, obtain a photocopy of her insurance card, front and back, **(if she does not provide a photocopy of her insurance card, she will be billed for the service)**, and obtain a prescription from her physician (a faxed prescription is acceptable). She is to bring these documents with her to mobile unit on the day of her appointment.
- Please fax (215) 214-1675 or e-mail [lj\\_speechley@fcc.edu](mailto:lj_speechley@fcc.edu) the completed registration schedule(s) to **Leeann ten (10) business days prior to the van's scheduled date at your site.**
- Any **last minute changes** must be telephoned to Leeann Speechley at **215-728-7481** at least twenty four (24) hours prior to the van's scheduled date.

## FOX CHASE CANCER CENTER

### 2007 MOBILE MAMMOGRAPHY PROGRAM – GENERAL INFORMATION SHEET

To be completed by corporate client, signed, and returned to Leeann Speechley via e-mail to [lj\\_speechley@fcc.edu](mailto:lj_speechley@fcc.edu) or you may fax to 215-214-1675 – Thank You!

Date of Screenings:	Name of Corporation
Time of Screenings:	Complete Address of Corporation:
Contact Person's Name & Title:	
Contact Person's Phone Number:	
Contact Person's Fax Number:	Is this where the van will be parked?  _____ Yes  _____ No (If no, please give exact & complete address where the van is to park):
Contact Person's E-mail Address:	Driving Directions:  Please provide printed directions/map from 333 Cottman Avenue, Philadelphia, PA 19111 to screening site:
Must provide Alternate Contact Name & Phone Number on day of screenings:	
Insurance Information:  Please list all insurance and if applicable, specialist co-pay amounts: 1. _____ 2. _____ 3. _____ 4. _____  Please detail any special billing arrangements here i.e., billing company for co-pays, etc.	
Will van staff have access to company cafeteria> ? _____ Yes _____ No Will van staff have access to local eateries? _____ Yes _____ No  Please indicate where restroom facilities are located for our technologists on the van:	
I have read the 2007 Mobile Mammography Program Guidelines for Corporate Clients and fully understand and agree to the terms and conditions as previously described in pages one (1) through seven (7) of the Guide.	
_____ Your signature	_____ Today's Date
Please note: We are booking corporations now for van dates in 2008.	
If you wish to guarantee a screening date(s) in 2008, please indicate your preference(s): 2008 Screening date(s)_____.	