



CUMBERLAND VALLEY BREAST CARE ALLIANCE

Cumberland Valley Breast Care Alliance is proud to provide the Mammagift Program[®]. The Mammagift[®] provides mammograms to uninsured women who reside in Franklin, Fulton and Cumberland counties. With the support of our community our programs remain free.

Patients must apply PRIOR to their mammogram. No Retroactive applications accepted.

Instructions To apply:

- Included is a rack card. This rack card provides patients with information on how to reach us to reapply to the program year after year.
- Enclosed you will find an application which must be complete for consideration.
- Please mail or email in the application to the address provided.
- Once received we will review the application and our coordinator will reach out directly with further instructions and to confirm approval.
- Once approved patients will then call Wellspan or Fulton County Medical Center to schedule their mammogram. Your provider stills need to provide patients with an order for the mammogram.
- We do request that if someone is diagnosed patients makes us aware. We do use grant money to fuel the program and it does require us to report. Each participant does sign a waiver to share that information.
- Patients that remain uninsured may apply each year with a new application.

We try to keep the requirements to participate in the program very simple. While this program is income based we operate as a ministry and lead with servant hearts. We try to help as many people as possible and try to provide mammograms where other programs may be too rigid in requirements. Even if a patient thinks they wouldn't qualify we invite them to try. We review each application and approve on a case-by-case basis.

Together We Can Make a Difference,

A handwritten signature in black ink that reads 'Samantha A. Logsdon'.

Samantha A Logsdon, Practical Nurse
CEO/President

(717) 263-7191

samantha@thecvbca.org

1601 Mountain Road, Suite101 Mercersburg, PA 17236

www.thecvbca.org



CUMBERLAND VALLEY BREAST CARE ALLIANCE

A faith-based Christian ministry committed to breast health education and breast cancer support. Our message is detecting breast cancer in its earliest stages can save lives.

MammaGift Application for Free Mammogram

Application for imaging expires 3 months from the date approval is granted.

The MammaGift Program is accepted only at the following facilities: Rhonda Brake Shreiner Women’s Center, Shippensburg Health Services, Greencastle Health Services, Waynesboro Hospital and Fulton County Medical Center.

Application date: _____

Client Name: _____ **Date of Birth:** _____

Daytime Phone: _____ **Evening Phone:** _____

Address:

Email Address: _____

Number in Household _____ **Last year’s tax income for household:** _____

Marital Status: S M W D

IF testing was ordered, name of doctor ordering test: _____

When was your last breast exam by a doctor/practitioner? _____

Do you have insurance? _____

Medical Assistance/Access/Welfare: _____

Wellspan Charity Care _____

What test will you have: Mammogram _____ Ultrasound _____

Extra mammograms _____

Approved By: _____

Please submit completed form to the address below or email to: samantha@thecvba.org

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CUMBERLAND VALLEY BREAST CARE ALLIANCE

A faith-based Christian ministry committed to fighting breast cancer through community awareness, public education and promoting the message of detecting breast cancer in its earliest stages can save lives.

MammaGift Approval & Record Release Form

APPROVAL DATE: _____ *(Approval for imaging expires 3 months from the above date.)*

This form must be presented to the receptionist at the time of your appointment and can only be used at the Rhonda Brake Shreiner Women’s Center, Shippensburg Health Services, Greencastle Health Services, Waynesboro Hospital and Fulton County Medical Center. Imaging appointments could be rescheduled if you do not have the appropriate form.

Client Name: _____ **Date of Birth:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email: _____

Address: _____

Mammogram Appt.: _____ **Ultrasound Appt.:** _____

410Additional Mammogram Views: _____

Approved By: _____


Client must sign release of information below

It is necessary to keep accurate records of any breast imaging done through the MammaGift Program for reports of funding. I understand that the CVBCA does not give out my personal information or test report(s) to any other organizations or use it for marketing purposes.

I _____, known as the client, give permission for a copy of my imaging report to go to the Cumberland Valley Breast Care Alliance at the above address. All information will be kept confidential. I understand that the MammaGift Program and/or the Cumberland Valley Breast Care Alliance assume no responsibility for the testing performed or its outcome.

Client Signature: _____

Please send a copy of this form to the address below.

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