



**NATIONAL COALITION OF 100 BLACK WOMEN,
CHATTANOOGA CHAPTER, INC.**

APPLICATION FOR MAMMOGRAM

The National Coalition of 100 Black Women, Chattanooga Chapter (NCBW), in partnership with Chattanooga Outpatient Center (COC) is offering free mammograms to women who reside within the city limits of Chattanooga. Applicants must complete an application for service, meet certain income requirements, meet COC requirements for performing mammograms and have a Primary Care or GYN physician. All patient information is strictly confidential between the patient, COC and her physician. NCBW's only role is to partner with COC in covering the cost of the mammogram.

Patient's Name (Print) _____
Address _____ Apt. _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Date of Birth _____ Age _____ Race _____
Primary or GYN Physician _____
Physician's Address _____
Date Last Mammogram Performed _____ Where? _____
Name of Insurance Carrier _____
How Did You Hear About This Program? _____

ACKNOWLEDGMENT

I acknowledge that I am voluntarily participating in the Mammogram Program between the National Coalition of 100 Black Women, Chattanooga Chapter, Inc. and Chattanooga Outpatient Center. I attest that the information provided on this application is accurate. I understand that all information related to my participation is confidential and that the results of my mammogram screening will be forwarded to my Primary Care or GYN physician and me by COC. I further understand that as it relates to my mammogram, it is my responsibility to follow up with my Primary Care or GYN physician, as appropriate. The results of my mammogram **will not** be shared with NCBW.

Signature: _____ Date: _____

FOR NCBW USE

Date Application Approved: _____ NCBW Member: _____
Date Mammogram Performed: _____ COC: _____