Newman Regional Health
W.S. & E.C. Jones Breast Care Center
1201 West 12th Avenue
Emporia, KS 66801
(620) 342-5222
www.newmanrh.org/breastcare

BREAST CARE SCREENING FUND APPLICATION

Please submit completed application to the W.S. & E.C. Jones Breast Care Center at the business address listed above. Newman Regional Health staff will contact you upon review of your application. Please schedule within 90 days of approval.

NAME _____
FIRST NAME MIDDLE INITIAL LAST NAME

ADDRESS _____
CITY STATE ZIP COUNTY

PHONE _____ Date of Birth _____

PLEASE INITIAL CRITERIA BELOW AS AKNOWLEDGEMENT:

_____ I do not have insurance coverage

_____ I am not eligible for Early Detection Works (EDW) grant funds (To determine your eligibility, visit kdheks.gov/edw)

_____ I do not have the financial ability to pay for the service

_____ I agree that funds will only be used for screening mammograms

_____ I understand that diagnostic procedure funds are not available through this program

_____ I understand that services must be provided at the W.S. & E.C. Jones Breast Care Center at Newman Regional Health

By signing below, I attest that the above information is accurate. If another source of payment is identified, this application will become null and void.

_____ _____
Patient Signature Date

For Internal Staff Use Only (please provide dates):			
Application:	Approval:	Scheduled:	Performed: