



**Memorial Medical Center**

Neillsville, Loyal, Greenwood

Care...at its best

## Gross Motors Mammogram Fund

Funding is received annually from Wayne and Peggy Gross (Gross Motors) to assist in providing mammograms to women who may not otherwise acquire a mammogram, but are in medical need of one. Memorial Medical Center will provide mammograms at no charge to those women who have applied for, and been approved for, this funding.

Eligibility requirements may include, but are not limited to, the following:

- No health insurance
- Government programs exhausted (Medicare, Medicaid, Wisconsin Well Woman Program)
- Insurance with high out of pocket costs and unable to pay the deductible or co-payment
- Insurance that doesn't cover routine check-ups and screening
- Insurance benefits exhausted, or maximum reached
- If having a mammogram creates a personal financial hardship which would prohibit a woman from being seen
- A unique case based on documented need

If the patient receives or is eligible for special discounted pricing for procedures at Memorial Medical Center, the patient is ineligible to receive funds from the Gross Motors Mammogram Fund.

Completed applications, or questions, should be directed to:

Financial Specialists  
216 Sunset Place  
Neillsville, WI 54456  
Joan 715-743-8322  
Cyndi 715-819-1087



### Gross Motors Mammogram Fund Application

Date:		
Patient Name:		
Date of Birth:		
Medical Record Number:		
Address:		
Phone number (s):		
Primary care provider:		
Date of last mammogram:		

Please check any that apply to your situation:

- No health insurance
- Government programs exhausted (Medicare, Medicaid, Wisconsin Well Woman Program)
- Insurance with high out of pocket costs and unable to pay the deductible or co-payment
- Insurance that doesn't cover routine check-ups and screening
- Insurance benefits exhausted, or maximum reached
- If having a mammogram creates a personal financial hardship which would prohibit a woman from being seen
- A unique case based on documented need

Briefly describe your personal situation and the reason you are requesting financial assistance for your mammogram:

---

I understand that if I am not approved for assistance through this program, I am responsible for any charges related to the mammogram and any further testing or follow-up.

By signing below I certify that I understand, agree, and will comply with the guidelines of this program.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

Return to:  
Financial Specialists  
216 Sunset Place  
Neillsville, WI 54456  
Joan 715-743-8322  
Cyndi 715-819-1087

Office use only: Application approved/denied: _____ Mammogram scheduled for: _____
--