PENNSYLVANIA FACULTY
HEALTH AND WELFARE FUND

P.O. Box 60430
Harrisburg, Pennsylvania 17106-0430

Telephone: (717) 233-4776
Fax: (717) 233-4713

MAMMOGRAPHY EXAMINATION PLAN
Complete Each Item in Order To Qualify For This Benefit
And
Attach Receipt From Provider

1. Name of Member: _____

2. Member's SS #: _____

3. University: _____

4. Home Address: _____

_____

5. Patient's Name: _____

6. Patient's Birthdate: _____

7. Patient's Relationship to Member: _____ Spouse

_____ Member

8. Member's Signature: _____ Date: _____

9. Benefit payment may not be assigned. Payment for services will be made to you by the Fund. This completed claim form must be submitted within three months after the date on which the mammography examination was performed.

10. Submit to: Mammography Examination Plan
Pennsylvania Faculty Health & Welfare Fund
P.O. Box 60430
Harrisburg, Pennsylvania 17106-0430

11. Amount charged for the mammography examination
of the patient listed on this claim form (attach receipt): $ _____

12. Provider Signature: _____ Date: _____

(see reverse side)

REV. 3/00

MAMMOGRAPHY EXAMINATION PLAN
Important – Read Carefully

The Fund will pay up to a maximum of $100.00 toward the cost of a low dose mammography examination for members and spouses according to the following schedule.

1. One mammogram, the baseline mammogram, for those between the ages of thirty-five through thirty-nine.

2. One mammogram every two years for those ages forty through forty-nine or more frequently if required by a physician.

3. One mammogram every year for those fifty years and over.

Definition of low dose mammography: The X-ray examination of the breast using equipment dedicated specifically for mammography, including the X-ray tube, filter, compression device, screens, films and cassettes, with a radiation exposure which is diagnostically valuable an in keeping with the recommended "Average patient Exposure Guides" as published by the Conference of Radiation Control Program Directors, Inc.

This form must be signed by the provider and a dated receipt must be attached when submitting for reimbursement.

Reimbursement will be made directly to you, the Faculty member.