



Financial Assistance Application for Screening Mammogram

Only complete applications are taken into consideration by Mahaska Health. Incomplete applications will be returned and not considered until all documentation is submitted.

Personal Information

Date _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Family Physician _____

Primary Language English Spanish Other: _____

Employment Status _____

Health Insurance Yes No

If yes, please provide the name of your insurance company _____

Is this your first mammogram? Yes No

Is this appointment a follow-up to ABNORMAL mammogram? Yes No

Financial Disclosure – Please fill out completely

Annual Net (take home pay) Household Income _____

Number of Adults in Household _____ Number of Children in Household _____

The 2 most current pay stubs for each adult in the Household _____

Have you applied for Medicaid in the Past? Yes No

Are you interested in applying for Medicaid? Yes No

Please return completed applications via email to: FinancialCounselors@mahaskahealth.org

OR mail a copy to:

Mahaska Health, Attn: Financial Counselors

1229 C Ave East

Oskaloosa, IA 52577

If you have any questions about this form, please contact the Mahaska Health Financial Counselors at 641-672-3297.