

## Member Information Fax Back Form Women's Health – Mammogram



Member had mammogram

Date of service (mm/dd/yyyy) \_\_\_\_\_ Result \_\_\_\_\_

**[E]** A mammogram is not indicated for this member because:

Bilateral mastectomy

Date of procedure (mm/dd/yyyy) \_\_\_\_\_

Two separate unilateral mastectomies

Date of first mastectomy (mm/dd/yyyy) \_\_\_\_\_

Date of second mastectomy (mm/dd/yyyy) \_\_\_\_\_

### General Information

This is not my member. PMP is \_\_\_\_\_

I would like this member contacted about care management

Provider Name \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_