



Paint the Mountains Pink Financial Assistance Application

- The mission of Paint the Mountains Pink is to spread the word about the importance of mammography and early detection, and help educate our community that mammograms truly save lives.
- Funds raised for Paint the Mountains Pink will help provide mammograms to those in Sevier County who cannot afford them. Women, age 40 or older, who are Sevier County residents, do not have insurance, and cannot afford a mammogram, are eligible to receive financial assistance to pay for their annual screening mammogram.
- A new application must be submitted annually to qualify for a screening mammogram.

If you have any questions about the application process please feel free to call 865.446.8687.

Last Name: _____ First: _____ Middle: _____

Social Security # (required): _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if Different: _____

Phone: _____

Present Employer: _____ Phone: _____

Total Household Income: _____ Number of Dependents: _____

Spouse's (or live-in partner) Name: _____

Spouse's (or live-in partner) Employer: _____

Date of your last mammogram: _____ Primary Care Physician: _____

Do you have any health insurance coverage? Yes No Have you applied for TennCare? Yes No

Monthly Expenses: Rent/Mortgage: _____ Medical: _____ Food/Utilities: _____

Other expenses: _____

Application continued on next page

Please include with your completed application:

- A copy of your driver's license for proof of residency. (If you do not have photo ID, please include a copy of your most recent utility bill).
- A copy of your last pay stub (for yourself & your spouse or live-in partner). If you do not have a pay stub, a notarized letter providing your income information will be required.

I understand that completing this form is not a guarantee of eligibility for receiving a free screening mammogram. I certify that the information provided in this application is complete and accurate. I will not request reimbursement from any insurance carrier or government health benefit program for the services covered by this Assistance Program. I understand that if I do not meet the requirements of the program, I will not be eligible for financial assistance.

I understand that if my application is approved, and there are not any funds immediately available to provide a screening mammogram, I may be put on a waiting list for the next available assistance.

Patient Signature: _____ Date _____

How can I submit my application (with required attachments):

- Deliver to: LeConte Medical Center, attn: Customer Service, 742 Middle Creek Road
Sevierville, Tennessee, 37862.
- Bring completed application & materials to the Customer Service office in the Registration department during normal business hours (Monday – Friday, 7:30 a.m. – 4 p.m.).

How will I find out if my application is approved?

- If your application is approved you will receive a call from the Breast Center to schedule your screening mammogram.
- If your application is not approved you will be notified by mail.

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PaintTheMountainsPink.com

FOR INTERNAL USE ONLY:

Date received: _____ Clerk: _____

Account # _____ MR #: _____

Application approved by committee on (enter date): _____

Application NOT approved by committee due to: _____

