



CIRCLE OF STRENGTH
MAMMOGRAM
VOUCHER



INSTRUCTIONS:

1. Please call Radiology to schedule your screening @ 231-547-8598 or 8599. *A physicians order is required for mammogram screening.*
2. The day of your appointment, please register and present this Voucher to Patient Registration.

I certify that I have no other means to pay for this mammogram and am not covered by any Health Insurance.

Signed _____

PATIENT NAME (Please Print):

ADDRESS:

DATE OF BIRTH:

PAYER: Circle of Strength (Payer Code CIRC)
Attn: Kathy Jacobsen
Charlevoix Area Hospital
14700 Lake Shore Drive
Charlevoix, MI 49720
Telephone: 231-547-8906

Approved: _____

Signature

Date

PHYSICIAN PLEASE VERIFY THAT PATIENT DOES NOT MEET HEALTH DEPT CRITERIA FOR BCCCP PROGRAM PRIOR TO DISPENSING THIS VOUCHER. THANK YOU. SEE ATTACHMENT.
(REVISED JANUARY 2010)