

My Cancer Screening Insurance Coverage Worksheet

My Insurance Company is _____.

My Member ID is _____.

My Office Visit Co-Pay is \$_____.

My Individual Deductible is \$_____.

I have met \$_____ of my Deductible as of ____/____/_____.

My Out of Pocket Maximum is \$_____.

I have met \$_____ of this Maximum as of ____/____/_____.

For a Screening Mammogram I Will Pay \$_____.

\$_____ Will go Toward my Deductible.

I Will Owe _____% Co-Insurance for this Service.

For a Diagnostic Mammogram or for Further Procedures I will Need to Pay

\$_____.

\$_____ Will go Toward my Deductible.

I will owe _____% Co-Insurance for These Services.

