

**Please note:**

- ◆ The program covers a wellness exam, pap smear and mammogram. If further testing or treatment is necessary, you will be referred to other programs that may be able to assist you.
- ◆ A special network of Caring Partners has agreed to provide the services noted above. You will be sent a list of providers that participate in The Caring for Women Program. Services done at other facilities may not be covered and you will be responsible for the costs.
- ◆ The Caring for Women Program does not reimburse you directly. Rather, reimbursement is sent to the Caring Partners provider who performed the services provided by this program.

If you have additional questions about The Caring for Women Program, please call us toll free at 1-888-556-8074.

Postage  
Required

The Caring for Women Program  
c/o Blue Cross Blue Shield of Wyoming  
P.O. Box 2266  
Cheyenne, WY 82003



## *The Caring for Women Program*

**Mammograms  
and other services for  
Women in Wyoming**

Sponsored by  
The Caring Foundation of Wyoming, Inc.  
and administered by  
Blue Cross Blue Shield of Wyoming



Funded in part by a grant from  
Susan G. Komen for the Cure®

## *Registration Form*

A yearly wellness exam is an important part of a woman's "prescription" for good health, and a mammogram is a vital part of early breast cancer detection. These services, along with a pap smear should be a part of every woman's preventive healthcare. However, many Wyoming women neglect these important steps due to the financial inability to pay for these life saving services.

The Caring for Women Program is a way to help women in Wyoming cover the costs of these essential preventive tests. Our goal is to increase the number of women receiving these life saving services each year. The program will pay for the cost of a well visit, pap smear and mammogram if done by a member of the Caring Partners provider network.

To participate in The Caring for Women Program, you only need to meet 3 simple qualification guidelines as outlined on the attached registration form. Complete, sign and mail (or fax) the form to The Caring for Women Program. You will be mailed an approval letter and a list of Caring Partners that have agreed to take part in the program.

The Caring for Women Program  
c/o Blue Cross Blue Shield of Wyoming  
P.O. Box 2266  
Cheyenne, WY 82003  
1-888-556-8074  
Fax 1-307-778-8582

Blue Cross Blue Shield of Wyoming is an independent licensee of the Blue Cross and Blue Shield Association.

## The Caring for Women Program Registration Form

Please read and initial each of the following statements. By initialing, you are acknowledging that the statement is true and applicable to you. **All three** statements must apply to you in order to qualify for the program.

\_\_\_\_ I reside in the state of Wyoming.  
(Initial)

\_\_\_\_ I do not have health insurance.  
(Initial)

\_\_\_\_ I do not have adequate financial resources to cover the costs of a wellness exam, pap smear and mammogram.  
(Initial)

PLEASE PRINT THE FOLLOWING INFORMATION:  
ALL INFORMATION IS STRICTLY CONFIDENTIAL

NAME (PLEASE Print Legibly) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN# \_\_\_\_\_  
MONTH/DAY/YEAR

I have read the information on the reverse side of this registration form and understand that The Caring for Women Program only provides a wellness exam, pap smear and mammogram at approved facilities. I understand that the registration form should be submitted and approved by The Caring for Women Program before any services are performed.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Help us reach other women who need mammogram screenings. Please tell us how you heard about The Caring for Women Program. \_\_\_\_\_

\_\_\_\_\_



Cut here and seal before mailing