

FOX CHASE CANCER CENTER

333 Cottman Avenue
Philadelphia, PA 19111-2497

2009 CORPORATE MOBILE MAMMOGRAPHY SCREENING PROGRAM

Thank you for your interest in Fox Chase Cancer Center's Mobile Mammography Program for your female population.

Fox Chase Cancer Center's mobile mammography van provides easy and convenient mammography screenings for women at their place of work. The new technology gives women state-of-the-art screenings and has now been upgraded to digital mammography.

Recent studies have shown that digital mammography is better than traditional film mammography in detecting breast cancer in women under the age of 50 and women with dense breasts. Women that receive digital mammograms can expect:

- Images that can be viewed instantly by the technologist and be easily transferred electronically with no loss of image quality
- Computer aided detection (iCAD)

Fox Chase Cancer Center has been named **Breast Imaging Center of Excellence by the American College of Radiology (ACR)** for mammography, breast ultrasound, ultrasound-guided biopsy, and stereotactic biopsy.

The attached ***Corporate Client Guide's General Overview*** will provide you with important information about our Mobile Mammography Screening Program. The ***General Information Sheet***, which is the last page in the Guide, is for your completion. You will also find a one-page ***Checklist for a Successful Screening Day*** and a one-page overview of ***Registration Instructions***.

Sincerely,

Leeann J. Speechley, Corporate Coordinator
Mobile Mammography Cancer Screenings
Health Communications and Health Disparities Program

FOX CHASE CANCER CENTER

*333 Cottman Avenue
Philadelphia, PA 19111-2497*

2009 MOBILE MAMMOGRAPHY SCREENING PROGRAM

CORPORATE CLIENT GUIDE

GENERAL OVERVIEW

The FCCC Mobile Mammography Screening Program provides screening mammography services for the female population at corporate sites. The screening mammogram provides 2 views of each breast.

Fox Chase Cancer Center Mobile Mammography Quality Aspects

1. The Mobile Mammography Screening Program, including equipment, technical staff and radiologists, is owned and operated by FCCC.
2. The equipment is licensed by the FDA (Food & Drug Administration) and is accredited by the American College of Radiology.
3. All imaging equipment is serviced on a monthly basis.
4. Under normal circumstances (when previous films are available) images are interpreted by our radiologists within 48 hours and retained at FCCC.
5. Computer aided detection (iCAD).
6. Result letters are sent to the participant and her physician within 10 days of the mammogram.
7. If the radiologist finds a problem that requires immediate attention, a technologist will contact the participant by telephone and a letter.
8. After the result letters are mailed, the employer receives a letter summarizing the results for the dates screened. This letter will contain the total number of women screened along with the total of those (if any) that need further testing. However, this letter will not contain any confidential information i.e., name, date of birth, social security number, etc. about the participant screened.

Participant Requirements:

Employees are to get a written prescription from their physician (may be a faxed copy) and complete both sides of the Health History Questionnaire found in their registration packet and must photocopy both sides of their insurance identification card. Once the employee has all three documents, she needs to bring these documents with her on the day of her appointment on the van.

Previous Films:

Women must bring all previous films on day of screening. They may use the enclosed authorization form to get their previous films and they will be sent directly to Fox Chase Cancer Center (allow at least 10 working days for film arrival). The release form will be found in their registration packet. Without previous films, our radiologists will be unable to perform a comparative study of the breast tissue. FCCC will retain the films unless otherwise notified by the participant.

The FCCC Mobile Mammography Screening Program follows the National Cancer Institute and the American Cancer Society recommendations for mammography screening:

Eligibility

A woman CAN get a mammogram on the van if:

- **Age 40 +: Screening mammogram. Once a year**
- **Age 35-39: One baseline mammogram (AETNA/UHC Members)**
- **She gives a prescription from her physician to the technician**
- **She gives the name and address of at least one physician**
- **She brings her last mammography films for comparison purposes (or we have them here at Fox Chase Cancer Center)**

A woman CANNOT get a mammogram on the van if:

- **She has breast implants**
- **She was diagnosed with breast cancer within the past two years**
- **She is currently being treated for breast cancer**
- **She has a new breast problem (feels a lump, skin changes or nipple discharge)**
- **She is breast feeding or has breast fed within the last nine months**

Demographic Questionnaire

The Demographic Questionnaire will be found in each registered participant's package. Each participant is to complete the questionnaire following the instructions printed thereon. Please have her fax or e-mail the completed questionnaire to us 10 days prior to her appointment on the van .

Mammography Result Notification:

A result letter will be mailed to the participant from our Mammography Department. Questions about the result letters should be directed to the Mammography Department at 215-728-2646 during business hours of 8:00 A.M. to 4:00 P.M., Monday through Friday.

A detailed report along with a copy of the letter sent to the participant will be sent to the physician listed on the Health History Questionnaire. If there are no films from another mammogram, the report should be sent within five working days from the date of the mammogram. The employer will receive a summary letter approximately one month after the company's screening date. No names of other identifiers are included in this summary.

Insurance Coverage:

FCCC currently has contracts with **AETNA (United Healthcare) Independence Blue Cross of PA (Keystone 65), Horizon BC/BS of NJ Traditional, Horizon Blue Card PPO, Cigna, Keystone Mercy, AmeriChoice, Medicare, and Prudential** to provide mobile mammography services to their members.

Women must pay their specialist co-pay amount by check at the time of their appointment on the van . Failure to provide a photocopy of both sides of their insurance identification card at the time of their scheduled appointment will result in a bill being sent to the participant rather than her insurance carrier.

Corporate Self-Pay Mammograms:

Corporations wishing to pay for their employee's screenings as an employee benefit will be sent an invoice for each woman screened at \$120.00 per mammogram. A list of all participants screened will be attached to the invoice.

Non-participating Insurance Coverage:

Women who have coverage with a non-participating insurance provider are obligated to pay \$120.00 by check at the time of service. Please make check payable to Fox Chase Cancer Center.

No Insurance:

Uninsured women will be given a form for coverage under the **Pennsylvania State HEALTHYWOMEN'S Program**. The form will be completed before the screening or at time of service and given to the technician. Fox Chase Cancer Center will be responsible for sending the form to the Healthy Women's Program.

All Other Insurance:

Please call Leeann Speechley with the Corporate Screening Program at 215-728-7481 to determine the contractual status of any other insurance carrier.

Parking Guidelines:

Provide a parking space for the mobile van . The space must have enough room for the driver to move the van into the parking area. The mobile van is about 40 feet in length, 12' 5" in height and 8 feet in width (an extra three feet must be added for the van 's mirrors, steps and door). Please have a flat parking area large enough for us to fit the van . The parking spot cannot be on a slant. It should not be between buildings or anything that will interfere with exhaust fumes. The driver will leave shortly after parking the van . The van must remain in its parking spot until after the last appointment for that day.

Please locate the parking area as close to a building with a waiting area as possible. **The van can only accommodate three patients at any time. Women arriving early cannot wait on the van.**

Shortfall, No-Show and Cancellation Policy:

Any shortfall in the number of participants registered will result in a charge of 120.00 multiplied by the shortfall amount i.e., if you reserve the van for a half day (20 participants) and you only schedule 17 women, you will be billed \$360.00 for three shortfalls. Additionally, an invoice will be issued for 120.00 for each no-show, cancellation (no penalty will be charged if 24 hours' notice is given for a cancellation), or women who are scheduled and are not eligible (see Eligibility Requirements).

Maximum Number of Participants for Extended Travel Locations

If your screening site is more than one (1) hours' travel time from Fox Chase Cancer Center, a maximum of twenty-five (25) participants can be screened. This is considered a FULL day. Penalty for scheduling less than this number will result in a shortfall bill of multiplied by the number short of the required twenty-five participants. **Please see previous paragraph for other charges that may apply.**

Minimum and Maximum Number of Participants:

A minimum of twenty (20) women is required to reserve the van for a half-day. To reserve the van for a full day, you must register a minimum number of thirty-five (35) women. The maximum amount of screenings that can be performed in one day is thirty-five.

Survey Letter:

If you are a new client, we suggest that you survey your employees for both their interest in using the van and their eligibility. You may request a copy of our **Survey letter** by calling Leeann Speechley at 215-728-7481.

Cancellation Fees:

We require at least a 30-day notification of van cancellations. Cancellations in less than 30 days of your reserved date(s) will result in a penalty charge of \$500 for each day cancelled. FCCC agrees to reserve certain days for your site. In doing so, we make a financial commitment that equipment and staff will be available to serve your employees. Please call Leeann Speechley at 215-728-7481 if cancellation is necessary.

Weather Conditions/Mechanical Failure:

If FCCC has to reschedule your screening date due to weather conditions or equipment problems, every effort will be made to return to your site on the next available day. The mobile van does not operate during bad weather nor will the van be sent to your site if we know about any mechanical problems.

In the event that we have to reschedule your screening date due to any of the above, you will not be charged for any shortfalls, cancellations or no-shows that arise from your rescheduled date(s).

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Checklist for a Successful Screening Day

1. Identify a work-site contact and an alternate contact that can be reached in your absence.
2. Find an appropriate parking spot for the van . The contact will meet the van one hour before the first appointment to make sure that it is parked in the correct location. The van driver will leave and not return until the last appointment. The van cannot be moved during the course of the day.
3. Give us printed directions or a map to your screening site from 333 Cottman Avenue, Philadelphia, PA 19111-2497. See "Parking Guidelines" found in the General Overview section for more information.
4. Give the Van staff any building passes needed to use the restrooms, cafeteria and/or vending services.

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OVERVIEW OF REGISTRATION INSTRUCTIONS

We will provide you with all paperwork required for registration upon receipt of the **completed and signed General Information Sheet**, which is the last page of the 2009 Mobile Mammography Corporate Client Guide. Registration materials include posters, instructions, appointment schedule(s), and employee registration packets. Inside the registration packets, on the reverse of the Confirmation letter to the participant, you will find the Announcement tailored for your corporation. The Announcement will include information such as the date and time of the screenings, eligibility requirements, amount of co-pays if applicable, and the location of the van at your site.

REVIEW THE ELIGIBILITY REQUIREMENTS -

A woman CAN get a mammogram on the van if:

- **Age 40 +: Screening mammogram. Once a year**
- **Age 35-39: One baseline mammogram (AETNA/UHC Members)**
- **She gives a prescription from her physician to the technician**
- **She gives the name and address of at least one physician**
- **She brings her last mammography films for comparison purposes (or we have them here at Fox Chase Cancer Center)**

A woman CANNOT get a mammogram on the van if:

- **She has breast implants**
 - **She was diagnosed with breast cancer within the past two years**
 - **She is currently being treated for breast cancer**
 - **She has a new breast problem (feels a lump, skin changes or nipple discharge)**
 - **She is breast feeding or has breast fed within the last nine months**
- If a woman is eligible for a screening mammogram, give her an appointment time on the provided schedule. **A schedule faxed to us in pencil or red ink cannot be read and will not be accepted.** Clearly print, **in blue or black ink** (e-mailed schedules are preferred) her full name (first, middle initial, last), date of birth, social security number (the last four digits are acceptable), and a phone number where she can be reached on the day of the screening. **Please do not leave gaps between appointments and schedule all morning appointments first.**
 - Write the woman's appointment date and time on the Confirmation letter inside one of the provided packets and give or forward the packet to her immediately. **Applicable co-pay, insurance information, registration instructions, van location, etc. can be found on the Announcement which is on the reverse of the Confirmation letter.**

- In addition, please remind her that she must read the instructions and complete and sign both sides of the Health History Questionnaire, **(if she does not provide a physician's name on the Health History Questionnaire, she will not be screened)**, obtain a photocopy of her insurance card, front and back, **(if she does not provide a photocopy of her insurance card, she will be billed for the service)**, and obtain a prescription from her physician (a faxed prescription is acceptable). **Please make note that no one will be screened without a prescription.** She is to bring these documents with her to the mobile van on the day of her appointment.
- **IF HER LAST MAMMOGRAM WAS NOT DONE ON THE FOX CHASE CANCER CENTER MOBILE MAMMOGRAPHY VAN, SHE WILL NEED TO RETRIEVE COPIES OF HER FILMS AND BRING THEM WITH HER TO HER APPOINTMENT.** OR, she may use the enclosed Authorization form to request her films and they will be sent directly to Fox Chase Cancer Center. Please allow at least 10 working days for film arrival.
- **Schedule(s) must be received ten (10) business days prior to your scheduled screening date. The very final schedule (meaning any changes and especially additions to) must be faxed three (3) days prior to the scheduled screening dates.**
- **If faxing the completed registration schedule(s) they must be completed in ink or typed. Please fax them to (215) 214-1675. Or, you may e-mail them to Leeann.Speechley@fcc.edu**
- Any **cancellations** must be telephoned to Leeann Speechley at **215-728-7481** at least twenty four (24) hours prior to the van 's scheduled date to avoid being charged a penalty.

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2009 MOBILE MAMMOGRAPHY SCREENING PROGRAM – GENERAL INFORMATION SHEET

To be completed by corporate client, signed, and returned to Leeann Speechley via e-mail to leeann.speechley@fcc.edu or you may fax to 215-214-1675 – Thank You!

Date of Screenings:	Name of Corporation
Time of Screenings:	
Contact Person's Name & Title:	Complete Address of Corporation:
Contact Person's Phone Number:	
Contact Person's Fax Number:	Is this where the van will be parked?
Contact Person's E-mail Address:	_____ Yes
Must provide Alternate Contact Name & Phone Number on day of screenings:	_____ No (If no, please give exact & complete address where the van is to park):
Insurance Information: Please list all insurance and if applicable, specialist co-pay amounts:	Driving Directions: Please provide printed directions/map from 333 Cottman Avenue, Philadelphia, PA 19111 to screening site:
1. _____	Will van staff have access to company cafeteria? _____ Yes _____ No
2. _____	Will van staff have access to local eateries? _____ Yes _____ No
3. _____	Please indicate where restroom facilities are located for our technologists on the van :
4. _____	
Please detail any special billing arrangements here i.e., billing company for co-pays, etc.	
I have read the 2009 Mobile Mammography Screening Program Guidelines and fully understand and agree to the terms and conditions as previously described in pages one (1) through seven (7) of the Guide.	
_____ Your signature	_____ Today's Date
*If you wish to guarantee a screening date(s) in 2010, please indicate your preference(s): 2010 Screening date(s) _____.	
*PLEASE BE ADVISED THAT ALTHOUGH THE REQUESTED 2010 SCREENING DATE(S) WILL BE RESERVED FOR YOU, A \$500.00 LATE CANCELTION PENALTY WILL BE CHARGED IF WE DO NOT RECEIVE AT LEAST 30 DAYS' ADVANCED WRITTEN NOTICE THAT YOU ARE CANCELING YOUR RESERVED DATE(S).	