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Breast Cancer Support Organization

WAIVER FORM MAMMOGRAPHY AND ULTRASOUND PROGRAM

Breast Cancer Awareness-Cumberland Valley, Inc. ("BCA-CV"), as part of its mission to promote early detection of breast cancer, provides funding for expenses incurred for mammography/ultrasound services to individuals who could not otherwise afford mammography/ultrasound expenses.

I, the undersigned, acknowledge that BCA-CV provides funding only and provides no medical services or advice. I acknowledge that the funding provided may not fully cover the expenses charged by a provider of mammography/ultrasound services but that I must obtain mammography/ultrasound services from a BCA-CV approved provider in our service area (Frederick and Washington counties in Maryland, Berkeley, Jefferson and Morgan counties in West Virginia and Franklin and Fulton counties in Pennsylvania).

In consideration of the payment by BCA-CV to be used towards the expense of my mammography/ultrasound services, I hereby release and discharge BCA-CV, its employees, counselors, agents, directors, officers, successors and assigns from each and every liability, claim, demand and cause of action whatsoever, known and unknown, foreseen and unforeseen, arising from or related to the mammography/ultrasound services obtained by me for which the related expenses are fully or partially paid for by payment by BCA-CV.

Date PATIENT SIGNATURE

Referring Physician (PLEASE PRINT) PRINT PATIENT NAME

Referring Facility Patient Address

Signature of Referring Physician City, State, Zip

Phone Number

FAX FORM to: 301-797-4090

Date of Birth

Patient Statement

I, _____, state that I am not covered by any type of health insurance,
(Printed Patient Name)

and that I am a resident of one of the following counties (MD- Frederick or Washington; PA-Franklin or
Fulton; WV- Berkeley, Jefferson, or Morgan).

Patient Signature: _____ Date _____

Waiver is valid one year from date of signature
Revised: 02/2023