

Dear Member,

I am writing to remind you to schedule your annual mammogram and have your breasts examined by your doctor. A mammogram is an x-ray that helps to look for early signs of breast cancer.

Did you know that the chance of getting breast cancer goes up with age? It does! Or, that many women do not have any symptoms when they first find out that they have breast cancer? That is true too. An abnormal growth in your breast has to grow to at least the size of a pea before your doctor can feel it when you are examined.

The good news is that a mammogram can help your doctor to find breast cancer early. As much as one and a half to two years before a lump is big enough to be felt. This is why it is so important for women 40 and older to get regular mammograms. Experts recommend that women over 40 be screened at least every two years, or more often, as indicated. By getting mammograms regularly, breast cancer can be found and treated early when the chances for a cure are good.

It is also a good idea to have a check-up each year to make sure you don't have other problems that need treatment. For example, you could have a Pap test to check for cervical cancer at the same time you see your doctor for your breast exam.

As a special reward, Family Health Network is offering you a **Reward Card** when you have your mammogram. **To get your reward card, select one of the options below:**

1. Have the person who does your mammogram fill out this certificate at the bottom. Mail it back to Family Health Network.
2. Complete the enclosed form. Ask the person who does your mammogram to fax it to Family Health Network with the report of your exam.

Taking care of your own health is important. Call your doctor today to set up an appointment. If you have any questions, please call Member Services at 1-888-346-4968.

Sincerely,

Family Health Network Medical Management

*"To learn more about your health plan choices, please contact Illinois Client Enrollment Services at 1-877-912-8880 or visit [www.EnrollHFS.Illinois.gov](http://www.EnrollHFS.Illinois.gov)".*

## Family Health Network Mammogram **Reward** Form

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Mammogram: \_\_\_\_\_

Member Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Service: \_\_\_\_\_ Office Stamp: \_\_\_\_\_

Signature of Office/Technician: \_\_\_\_\_