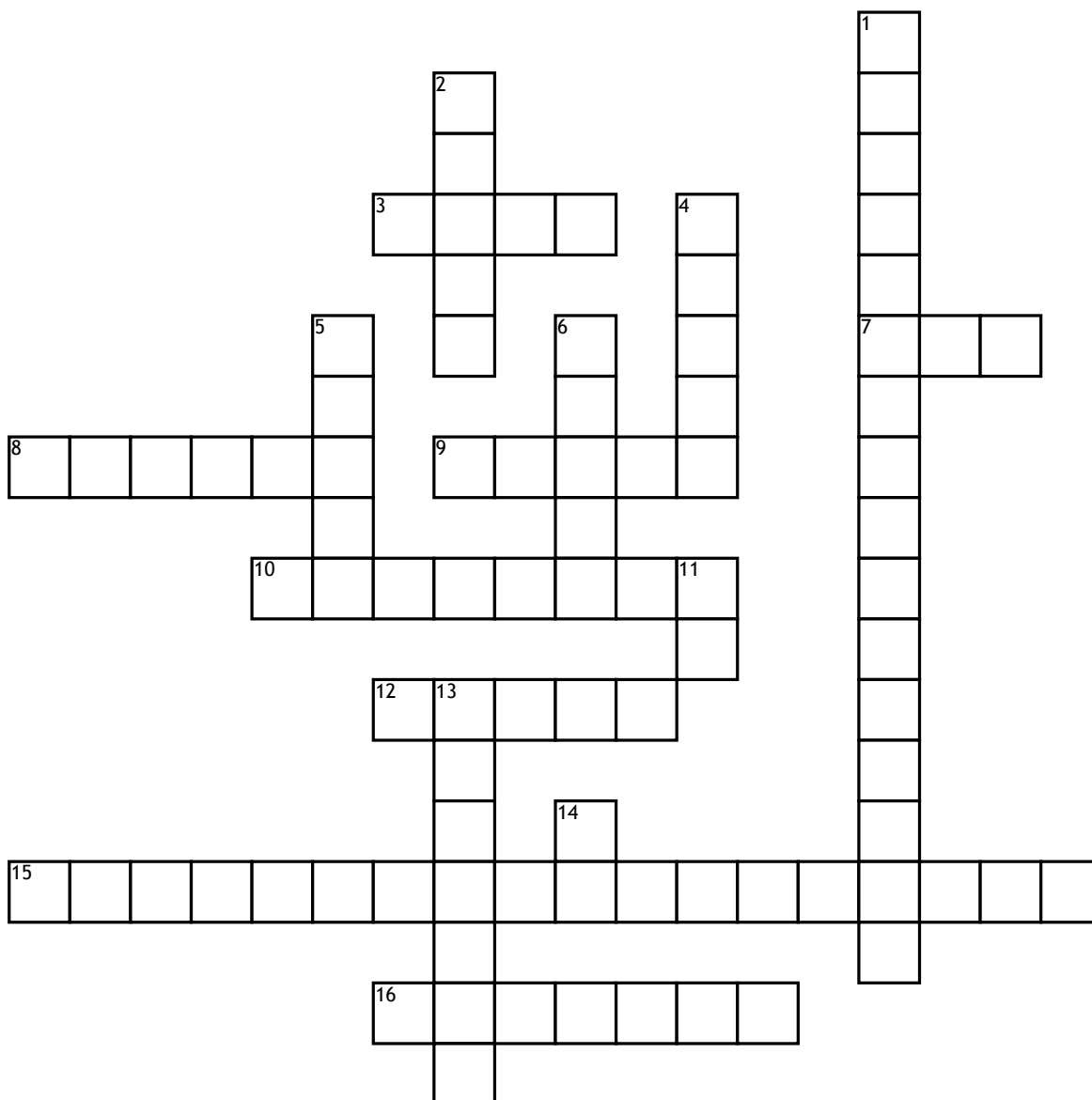


Name: _____

Date: _____

Show Me Healthy Women



Across

3. A Category 4 Ultrasound qualifies a client for this
 7. Test which should be beformed annually on all women
 8. Visit type for any future visits or test with the SMHW provider
 9. SMHW will pay for for breast diagnostics for the first occurence of breast pain/tenderness (True or False)
 10. Visit type when entering a 6-month follow up
 12. SMHW pays for annual screening mammograms at what age

15. A screening mammogram for women under age 50 requires this
 16. May be used for proof of income

Down

1. May be used for proof of age
 2. Guidelines SMHW follows for cervical screenings
 4. Clients with high deductible health insurance are eligible for BCCT (True or False)
 5. Women who are already diagnosed with breast/cervical cancer are eligible for SMHW (True or False)

6. Timely billing in MOHSAIC is 45 days (True or Flase)

11. A referral to BCCT should be made following a Category 4 Diagnostic Mammogram (True or False)

13. Visit type for the first time to enroll with SMHW provider or greater than 5 years

14. Will SMHW fund pap testing for a woman who had a hysterectomy for benign (non-cervical neoplasia) condition (Yes or No)