



777 Woodward Avenue, Suite 600  
Detroit, Michigan 48226  
313-324-3700  
Provider Services: 888-773-2647  
Member Services: 888-437-0606  
[www.hpmich.com](http://www.hpmich.com)

---

### Breast Cancer Screening Exclusion Form

Member Name: \_\_\_\_\_

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

This member has had a bilateral mastectomy or two unilateral mastectomies.

Date of Bilateral Mastectomy: \_\_\_\_\_

or

Date of First Unilateral Mastectomy: \_\_\_\_\_

Date of Second Unilateral Mastectomy: \_\_\_\_\_

Provider Signature: \_\_\_\_\_