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| **To:**  | **<**Provider Name>  |
| **From:** | Meridian |
| State: | Michigan |
| Date: | <Date> |
| Re: | Breast Cancer Screening Exclusion Information Needed  |

Dear Provider,

Our records indicate that the below member has had a bilateral mastectomy or two unilateral mastectomies; however Meridian needs more information.

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| **Member Name** | **Date of Birth** |
| <Member Name> | <Date of Birth> |

To be excluded from the breast cancer screening population, medical record documentation must show that the above listed member had one of the following:

* A bilateral mastectomy
* A unilateral mastectomy with a bilateral modifier
* Two unilateral mastectomies

If applicable, please fax medical record documentation to **833-667-1532** or send to our secure email **MIHEDIS@mhplan.com**.

Thank you for your cooperation in this important matter. If you have questions, please direct to the email address listed above.

Sincerely,

Meridian