

## Need Help Paying for a Pap Test or Mammogram?

Follow the guidelines below to determine if you would be eligible for *Women's Way*.

Do you live in North Dakota?

- Yes (continue)  
 No (not eligible for *Women's Way*)

Are you age 40 through 64?

- Yes (continue)  
 No (not eligible by age for *Women's Way*)

Are you **enrolled or eligible for Medicare Part B, Medicaid or Medicaid Expansion?**

- No (continue)  
 Yes (not eligible for *Women's Way*)

Do you meet income guidelines below?

- Yes (eligible for *Women's Way*)  
 No (not eligible for *Women's Way*)

Household Number	Yearly Income	Monthly Income
1	\$23,340	\$1,945.00
2	31,460	2,621.67
3	39,580	3,298.33
4	47,700	3,975.00
5	55,820	4,651.67
6	63,940	5,328.33

Each additional \$8,120 per year or \$676.67 per month.

For more information or to enroll, contact *Women's Way* toll free at **1.800.449.6636** or call Danica Grossman @ St. Aloisius **1.701.324.4769 Ext 120**  
[www.ndhealth.gov/womensway](http://www.ndhealth.gov/womensway)



## Need Help Paying for a Pap Test or Mammogram?

Follow the guidelines below to determine if you would be eligible for *Women's Way*.

Do you live in North Dakota?

- Yes (continue)  
 No (not eligible for *Women's Way*)

Are you age 40 through 64?

- Yes (continue)  
 No (not eligible by age for *Women's Way*)

Are you **enrolled or eligible for Medicare Part B, Medicaid or Medicaid Expansion?**

- No (continue)  
 Yes (not eligible for *Women's Way*)

Do you meet income guidelines below?

- Yes (eligible for *Women's Way*)  
 No (not eligible for *Women's Way*)

Household Number	Yearly Income	Monthly Income
1	\$23,340	\$1,945.00
2	31,460	2,621.67
3	39,580	3,298.33
4	47,700	3,975.00
5	55,820	4,651.67
6	63,940	5,328.33

Each additional \$8,120 per year or \$676.67 per month.

For more information or to enroll, contact *Women's Way* toll free at **1.800.449.6636** or call Danica Grossman @ St. Aloisius **1.701.324.4769 Ext 120**  
[www.ndhealth.gov/womensway](http://www.ndhealth.gov/womensway)



## Need Help Paying for a Pap Test or Mammogram?

Follow the guidelines below to determine if you would be eligible for *Women's Way*.

Do you live in North Dakota?

- Yes (continue)  
 No (not eligible for *Women's Way*)

Are you age 40 through 64?

- Yes (continue)  
 No (not eligible by age for *Women's Way*)

Are you **enrolled or eligible for Medicare Part B, Medicaid or Medicaid Expansion?**

- No (continue)  
 Yes (not eligible for *Women's Way*)

Do you meet income guidelines below?

- Yes (eligible for *Women's Way*)  
 No (not eligible for *Women's Way*)

Household Number	Yearly Income	Monthly Income
1	\$23,340	\$1,945.00
2	31,460	2,621.67
3	39,580	3,298.33
4	47,700	3,975.00
5	55,820	4,651.67
6	63,940	5,328.33

Each additional \$8,120 per year or \$676.67 per month.

For more information or to enroll, contact *Women's Way* toll free at **1.800.449.6636** or call Danica Grossman @ St. Aloisius **1.701.324.4769 Ext 120**  
[www.ndhealth.gov/womensway](http://www.ndhealth.gov/womensway)

