



SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

Best Chance Network (BCN) Breast & Cervical Screening Services Cost Explanation Form (What BCN can and cannot pay)

I acknowledge that I have been told by the BCN provider, and I understand that BCN will pay for the procedures listed below if performed at a facility under contract with BCN:

CHARGES PAID BY BCN INCLUDE:

- Office visit(s) for Breast & Cervical Screenings. Office visits include clinical breast exam, pelvic exam, Pap with HPV test (if needed per BCN guidelines), and referral for mammogram.
 - Pap Testing Guidelines
 - Liquid-based Pap test with HPV test every 5 years or
 - Liquid-based Pap test every 3 years
 - Women at high risk (cervical cancer history, DES exposure in-utero, immunocompromised) are eligible for annual screening with Pap test and HPV test
- Repeat Pap test and HPV test for management of abnormal cervical cancer screening results as recommended by BCN policy and ASCCP guidelines.
- Endometrial biopsy for peri or post-menopausal bleeding.
- Lab charges for Pap test, HPV test, and biopsy (if needed per BCN guidelines).
- Screening/Diagnostic Mammogram, Breast Ultrasound, breast MRI, breast biopsy, and breast cyst aspiration.
- Counseling Visit(s) for abnormal findings from clinical breast exam, mammogram, Pap test/HPV test results, biopsy, ultrasound, diagnostic mammogram, breast MRI, biopsy by radiologist, and completing the Medicaid Application.
- Polyp Removal

CHARGES NOT PAID BY BCN:

- Breast Nipple Smear
- Pap test for women with hysterectomy for non-cervical cancer
- Pelvic Ultrasound
- Pharmacy
- Treatment for cancer or cancer precursors

I understand, at no cost to me, that I may have ongoing assessment for patient navigation, and agree to patient navigation referral if any of my test results are abnormal.

I understand that it will be my responsibility to meet with the billing office/financial counselor at the doctor's office or hospital to arrange a payment plan for the charges that BCN cannot pay.

I understand that if I choose to go to a non-BCN provider for follow-up of abnormal test results, then none of the services they provide will be paid by BCN.

I acknowledge that I have been provided with a copy of this form, the BCN Breast & Cervical Screening Services Cost Explanation Form.

I certify under penalty of perjury that the information I or my authorized personal representative have given to you on this application to determine my eligibility for Best Chance Network (BCN) medical services at no cost to myself is true to the best of my knowledge. This includes but is not limited to information given related to my true identity, my residency (SC address), my birth date (age), my uninsured/under-insured status, and my household size and household income. I give permission for the SC Department of Public Health (SC DPH) to make any necessary contacts, or to request any necessary documents, to verify my information on this application. I understand that I could be penalized or possibly prosecuted under federal or State law, if I knowingly give false information on this application for the purpose of committing fraud.

Signature: _____ **Date:** _____

Privacy Notice Acknowledgment

I acknowledge that I have been provided with a copy of DPH's Privacy Notice.

Print Name of Client or Personal Representative

_____ **Signature of Client or Personal Representative** _____ **Date**

Client was provided a copy of the Privacy Notice accepted declined
 Client was provided a copy of the Privacy Notice but refused to sign

_____ **Witness**

Place Original in patient Chart and 1 Copy to Patient



BCN Breast & Cervical Screening Cost Explanation Form

Instructions for Completing 1099-ENG-DPH

INSTRUCTIONS:

Read and explain the two groups of bulleted items. Give client a copy of the DPH Privacy Notice.

Answer any questions.

Have client sign and date the form. Have a witness sign after the client signs the form.

Place, or scan, the original in the medical record and give the copy to the client.

OFFICE MECHANICS & FILING:

BCN records shall be retained by the provider for 6 years after the end of the contract and shall be available for audit and inspection at any time such audit is deemed necessary by DHEC. Maintained by retention schedule 09076 - Best Chance Network Files.