



Best Chance Network (BCN) Cervical 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 these BCN-approved services if they are performed at a facility, or by a provider, under contract with BCN:

SERVICES PAID BY BCN INCLUDE:

- Anesthesia - local
Cervical Follow-up Office Visit
Colposcopy (with or without cervical biopsy - tissue removal)
Conization - Diagnostic
Counseling Visit for: biopsy confirmed cancer result, biopsy confirmed high-grade squamous intraepithelial lesion (HSIL or CIN2, CIN2/3, or CIN3) result, prior to a LEEP or conization for a client with HSIL pap test result and no diagnosis, prior to diagnostic LEEP or conization for client with ASC-H or HSIL Pap and discordant biopsy results, or to complete the Medicaid application for a client with cancer or pre-cancer diagnosis (HSIL, CIN2, CIN2/3, or CIN3).
Endometrial biopsy the following Pap test results:
- Abnormal perimenopausal or postmenopausal bleeding
- Adenocarcinoma
- Atypical Endometrial Cells
- Atypical Glandular Cells
- Benign Endometrial Cells (post-menopausal women who have not had a hysterectomy)
Endocervical Curettage (tissue removal)
Follow-up Pap Test and Pelvic Exam
Lab Charges for Pap and HPV Tests and Testing of Biopsy Tissue
LEEP Diagnostic
Medical/Surgical Supplies
Preoperative lab tests, EKG, and chest X-Ray
Excision and Biopsy of Cervical Polyp

SERVICES NOT PAID BY BCN:

- Anesthesia - general
Conization - Treatment
Counseling visit for negative, benign, or low-grade squamous intraepithelial lesion (CIN1) results.
Cryosurgery
Emergency Department Charges
Hysterectomy
Laser Treatment
Pelvic Ultrasound
LEEP - Treatment
Pharmacy

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.

I understand that it will be my responsibility to meet with the provider billing office or financial counselor to arrange a payment plan for the charges that BCN cannot pay.

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

Client Signature: _____ Date: _____

Witness of 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 Client Chart and 1 Copy to Client

BCN Cervical Cost Explanation Form
Instructions for Completing 1380-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.

Office Mechanics & Filing:

Place the original copy in the clinic BCN record and give the copy to the client. Retain this signed form in the record for six years after the contract expiration date.

Retention schedule series number 09076.