SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

Best Chance Network (BCN)
Breast 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 breast radiology and diagnostic services if performed at a facility, or by a provider, under contract with BCN:

SERVICES PAID BY BCN INCLUDE:

- Anesthesia- local
- Breast Cyst Aspiration (fluid removal)*
- Breast Exams
- Counseling Visits for Abnormal Tests
- Excisional or Incisional Breast Biopsy*
- Facility Fees
- Lab Charges for Testing of Tissue and Fluid
- Magnetic Resonance Imaging
- Mammogram/Ultrasound Tests
- Medical/Surgical Supplies
- Needle Core Breast Biopsy*
- Operating Room Fees
- Preoperative lab tests, EKG, and chest X-Ray
- Preoperative placement of a needle localization wire, image guided placement of a metallic localization clip, stereotactic localization guidance or other radiological guidance associated with the above listed breast biopsy procedures*
- Stereotactic Breast Biopsy*
- Surgical Office Visit(s)**

SERVICES NOT PAID BY BCN:

- Anesthesia - general
- All Other Charges Not Listed As Paid
- Breast Nipple Smear
- Emergency Room Charges
- IV Solutions
- Pharmacy
- Surgical office visits for 90 days following excisional or incisional breast biopsy

** BCN will pay the surgeon or radiologist; however, the hospital may add additional charges that BCN will not pay.*

***BCN will pay the breast follow-up provider for up to four (4) visits within 14 months of the initial surgical office visit (when no biopsy is planned) or a breast biopsy with negative/benign results. If during the 14-month period, there are new abnormal findings then follow-up services will continue to be offered per BCN policy.*

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) and WISEWOMAN (WW) 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

Best Chance Network for women's cancer screening

BCN Breast Services Cost Explanation Form
Instructions for Completing 1388-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 as per retention schedule 9076.