BREAST AND CERVICAL CANCER EARTLY DETECTION (BCC) PROGRAM PROVIDER APPLICATION

CLINICAL REVIEW

Received By: ______________________________ Date: ______________

Name of Practice: ______________________________ Number of Facilities__________

Name of Applicant: ______________________________ Unique Entity ID #:______________

(one applicant per page)

SAM.gov expiration date: ____________

Medical Specialty Area (Licensure) – Include copy of CV

☐ MD ☐ DO ☐ CNP* ☐ CNM* ☐ PA*

Date License Expires: ______________________________ Please enclose a copy of your license(s)

Area of Specialization: ______________________________ NPI #______________

In what specialized areas do you hold credentials? (Include current memberships in professional organizations.)

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For what services do you wish to be reimbursed? (Note: Services are reimbursed at the standard Medicare rate.)

☐ Anesthesia ☐ Laboratory

☐ Breast Mammography ** ☐ Screening (Well Woman Exams ONLY)

☐ Cervical Diagnostic *** ☐ Screening/Diagnostic

(See attached list of approved CPT Codes available for reimbursement through the BCC Program.)

Clinical Services Manager Signature: ______________________________ Date: ______________

BUDGET TEAM REVIEW

Review Date: ____________________ Budget Team Initials: _____ / _____ / _____ / _____ / _____

☐ Approved Allocation Amount: $______________ Type of Agreement: ____________________

Date submitted to Operations Manager: ______________ ☐ CaST ☐ CaRS

MDE Code __________ BCCP Number ______________

☐ Denied Reason: ______________________________

Comments:

BCC Program Manager Signature: ______________________________ Date: ______________

Nurse Coordinator Notified via: ☐ Phone ☐ E-Mail ☐ Mail Date: ______________

* Please include two letters of reference from physicians familiar with your work. For colposcopy privileges, please include the number of colposcopies performed and a letter from preceptor who observed your work.

** If you are not a surgeon, please tell us about your training to perform breast biopsies and how many you have done.

*** If you are not an OB/GYN, please tell us where you were trained to do colposcopy and approximately how many you have done.