



**NM Breast and Cervical Cancer Early Detection (BCC) Program
Clinic-Based Patient Navigation (PN) Claim Form
FY25: July 2024 – June 2025**

INSTRUCTIONS:

1. Provide the date and name of the person submitting the PN Claim Form.
2. Enter the clinic’s mailing address in “Clinic” box.
3. Enter number of completed clinic-based patient navigation forms in “QUANTITY” box...
4. Multiply quantity by \$35 to calculate total...
5. Attach completed Clinic-Based Patient Navigation (PN) Form(s)...
6. Submit to BCC Program for review and approval...

Date Submitted: _____ **Person Submitting:** _____

Clinic:

Payer: NM Department of Health
Public Health Division, BCCP
5300 Homestead Road NE, Suite 100
Albuquerque, NM 87110

CPT Code	QUANTITY	UNIT PRICE	TOTAL
G9012 – Other Specified Case Management Service		\$35.00	\$