

# BREAST AND CERVICAL CANCER EARLY DETECTION (BCC) PROGRAM PROVIDER APPLICATION

Received By: _____		Date: _____
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Name of Practice: _____	Number of Facilities: _____
Name of Applicant: _____	Unique Entity ID #: _____
(one applicant per page)	
Medical Specialty Area (Licensure) – Include copy of CV	SAM.gov expiration date: _____
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNP* <input type="checkbox"/> CNM* <input type="checkbox"/> 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.)	
_____	
_____	
For what services do you wish to be reimbursed? (Note: Services are reimbursed at the standard Medicare rate.)	
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Laboratory
<input type="checkbox"/> Breast Mammography **	<input type="checkbox"/> Screening (Well Woman Exams ONLY)
<input type="checkbox"/> Cervical Diagnostic ***	<input type="checkbox"/> Screening/Diagnostic
(See attached list of approved CPT Codes available for reimbursement through the BCC Program.)	
Clinical Services Manager Signature: _____	Date: _____

<b>BUDGET TEAM REVIEW</b>	
Review Date: _____	Budget Team Initials: ____/____/____/____/____
<input type="checkbox"/> Approved    Allocation Amount: \$ _____	Type of Agreement: _____
Date submitted to Operations Manager: _____	<input type="checkbox"/> CaST <input type="checkbox"/> CaRS
MDE Code _____	BCCP Number _____
<input type="checkbox"/> Denied    Reason: _____	
Comments: _____	

BCC Program Manager Signature: _____	Date: _____
Nurse Coordinator Notified via: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> 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.