

Clinic: _____
Address: _____
Phone: () _____

Client Name: _____ **DOB:** / /

To participate in the New Mexico BCC Program, this form must be completed to verify your age, health insurance status and income, and to give your consent to participate and release information to the BCC Program. Your enrollment in the BCC Program is valid for 12 months from the date you sign this form. The clinic can contact the BCC Program if a 90-day short-term extension is needed.

1. Age Eligibility:

- a. Breast cancer screening: Average risk people ages 40 years and older^{1,2,3,4}
- b. Breast cancer screening: High risk people ages 25 years and older^{1,4}
- c. Cervical cancer screening: People ages 21 years and older^{1,5}

¹ All people should undergo a risk assessment, as appropriate, to find out if they are at high risk for breast and/or cervical cancer.

² Average risk people ages 30-39 years may be eligible for breast diagnostic services with BCC Program approved prior authorization.

³ Transgender women: Must be age 50 years or older AND have at least five to ten (5-10) years of feminizing hormone use.

⁴ Women, and transgender men who have not undergone bilateral mastectomy, or who have only undergone breast reduction.

⁵ Women; intersex people with a cervix; and transgender men with a cervix.

2. Insurance Eligibility:

- a. **Eligible if have:** No health insurance (“*Uninsured*”), health insurance, b only if screening and/or diagnostic services are not included in the insurance plan (“*Underinsured*”)
- b. **Not Eligible if have:** Full NM Medicaid, Medicare Part B or other health insurance, including insurance plans with high co-pays, deductibles and/or coinsurance (“*Insured*”)

3. Income Eligibility (≤250% of 2023 Federal Poverty Level)

Gross household income within guidelines shown below:

Household Size	Annual Income	Monthly Income	Weekly Income
1	≤ \$36,450	≤ \$3,038	≤ \$701
2	≤ \$49,300	≤ \$4,108	≤ \$949
3	≤ \$62,150	≤ \$5,179	≤ \$1,196
4	≤ \$75,000	≤ \$6,250	≤ \$1,443
5	≤ \$87,850	≤ \$7,321	≤ \$1,690
6	≤ \$100,700	≤ \$8,392	≤ \$1,937
7	≤ \$113,550	≤ \$9,463	≤ \$2,184
8	≤ \$126,400	≤ \$10,533	≤ \$2,431

Add \$12,850 to annual income for each additional family member.
(≤ means *less than or equal to*)

The New Mexico BCC Program is a cooperative effort of the US Centers for Disease Control and Prevention (CDC), State of New Mexico and healthcare partners to encourage screening for breast and cervical cancer. The purpose of screening is to detect cancer in its earliest stage, so it can be treated or cured. Screening for breast cancer involves a breast examination and a breast X-ray called a mammogram. Screening for cervical cancer includes a scraping from the cervix (opening of the uterus) called a Pap test and may also include an HPV (Human Papilloma Virus) test.

Consent for Participation and Release of Information

You are being offered an opportunity to participate in the New Mexico BCC Program because you are attending one of the BCC Program’s screening sites. Participation involves the following:

- If you meet the BCC Program’s eligibility criteria (age, income and insurance status), you may be able to receive a clinic/doctor visit, Pap test with or without an HPV test, and clinical breast exam at no cost. Beginning at age 40 years, you may be able to get a screening mammogram at no cost. Ask your healthcare provider to tell you which specific services will be paid by the BCC Program and how often you may receive them. Services provided to you that do not follow the BCC Program’s schedule of services ***may become your financial responsibility***.
- If you have an abnormal screening test result, the clinic/doctor will work with the BCC Program to help you obtain further diagnostic tests and treatment. The BCC Program can pay for limited diagnostic services but cannot pay for treatment. Your health care provider at the clinic or your doctor can tell you which specific services the BCC Program can pay for and those that are not covered. Your clinic/doctor will let you know when you are due to return for your next Pap test and/or mammogram.
- If you are participating in the BCC Program for clinical and/or patient navigation services, we will make your health information available to the BCC Program. The BCC Program shares your health information with the Centers for Disease Control and Prevention (CDC) for quality improvement and to evaluate the services provided to you through the BCC Program. The information shared with CDC does not include your name, address, or other personal identifying information.

I have read and understand the explanation above about the New Mexico BCC Program. My signature verifies my consent to participate in the BCC Program, release information to the BCC Program, receive further communication from the BCC Program, and that I meet the above eligibility criteria. I understand that, due to limited BCC Program funds, I may incur costs for additional procedures. I understand that my participation in the BCC Program is voluntary, and I may drop out of the BCC Program and withdraw my consent at any time.

Participant Signature: _____

Witness Signature: _____

Date Form Signed: _____

Date Witnessed: _____

Date Form Expires: _____

[Form is valid for 12 months and enrollment extends to the end of the month it expires.]

Verbal Consent (by phone): To obtain consent by phone, read this Eligibility and Consent Form to potential participant to ensure they meet eligibility requirements and agree to the conditions for participating in the BCC Program. Verbal consent must be verified by two witnesses.

Verbal Consent given by participant listed on top of form: Yes - Date of Verbal Consent: _____

Witness #1 Print Name: _____ Signature: _____ Date: _____

Witness #2 Print Name: _____ Signature: _____ Date: _____