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

<table>
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<tr>
<th>CPT Code</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
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<td>G9012 – Other Specified Case Management Service</td>
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