

Breast & Cervical Cancer Control Navigation Program Local Coordinating Agency #15

BC3NP REFERRAL & AUTHORIZATION FORM

Enrolled CLIENT NAME: _____ DATE OF BIRTH: _____

Enrollment/Screening SITE: _____ Enrollment DATE: _____

THE ABOVE NAMED CLIENT IS BEING REFERRED TO: _____
(Name of BC3NP Contracted Referral Site)

FOR / BREAST DIAGNOSIS: _____

TESTS ORDERED	DATE Scheduled	COMMENT/Program	BC3NP AUTHORIZATION
____ SCREENING MAMMOGRAM	_____	_____	Payable annually
____ DIAGNOSTIC MAMMOGRAM (Includes additional views)	_____	_____	1 in 12 months as follow-up
____ BREAST ULTRASOUND	_____	_____	1 in 12 months as follow-up
____ BREAST CONSULT	_____	_____	1 in 12 months as follow-up
____ BREAST BIOPSY	_____	_____	Payable if medically indicated
____ OTHER: _____	_____	_____	

Authorization Questions Call
BC3NP Local Coordinating Agency (LCA)
Phone: 269-373-5383

THE ABOVE NAMED CLIENT IS BEING REFERRED TO: _____
(Name of BC3NP Contracted Referral Site)

FOR / CERVICAL DIAGNOSIS: _____

TESTS ORDERED	DATE	COMMENT	BCCNP AUTHORIZATION
____ CERVICAL CONSULT	_____	_____	1 in 12 months as follow-up
____ CERVICAL BIOPSY	_____	_____	Payable if medically indicated
____ OTHER: _____	_____	_____	

Authorization Questions Call
BC3NP Local Coordinating Agency (LCA)
Phone: 269-373-5383

TO ENSURE BC3NP PAYMENT:

Provider must **FAX / SEND RESULTS TO:**

BC3NP LCA at 269-373-5362 **and** REFERRING PROVIDER: _____
 AGENCY NAME: _____
 ADDRESS: _____
 TELEPHONE / FAX NUMBERS: _____ / _____
 REQUESTING SIGNATURE: _____
Date

Billers use:

State of Michigan BC3NP Claims submission Information at: www.michigan.gov/bc3np
Unsure who to bill? Call LCA at 269-373-5213