

**Southwest Michigan Breast & Cervical
Cancer Control Navigation Program (BCCCNP)
Next Payable Screening Dates (age 40+)**

Step 1: Provider staff must first check client eligibility (i.e. age, income, insurance status).
If patient is not BCCCNP eligible no need to send this form.

Step 2: If patient is eligible for BCCCNP, submit this form to LCA to secure next BCCCNP payable screening dates.

BCCCNP Enrollment Site: _____ **Site Fax Number:** _____

Patient Name: _____ **Date of Birth:** _____

Date BCCCNP Office Exam Scheduled: _____ **Date Requested:** _____

⇒ **Complete Form to this point and Fax to BCCCNP LCA @ 269-373-5362**

| This section to be completed by BCCCNP Local Coordinating Agency (LCA) | | | |
|---|---------------------------------|---------------------------------------|---|
| Exam Type | Date of Last BCCCNP Exam | Date BCCCNP can pay next exam* | Comments (e.g. Site if different, abnormal issue) |
| Office Visit (Clinical Breast Exam / Pelvic) | | | |
| Pap Test | | | |
| HPV Test | | | |
| Screening Mammogram | | | |

- *The information in the table is provided to ensure patients are not scheduled too early for screening services. The payable dates apply only to patients who meet current eligibility guidelines for BCCCNP. Call the LCA if you need assistance determining eligibility.
- It is the provider's responsibility to be aware of any BCCCNP Medical Protocol that may impact payments. Protocol is available at www.michigancancer.org/bcccp

Date / LCA Initials when Fax returned to clinic

