

**NORTH CAROLINA
BREAST AND CERVICAL CANCER
CONTROL PROGRAM
(NC BCCCP)**

Payment for Services

Directions: This form should be given to the patient to take with her to the gynecologist or surgeon

Dr. _____,

- This patient has been referred to you by her BCCCP provider because she has had an abnormal breast exam or cervical exam.
- BCCCP has contracted with your agency to provide specific breast or cervical services. Your agency should have a BCCCP fee schedule listing approved services based on Medicare reimbursement rates. If not, please contact the BCCCP Navigator listed below.
- Please discuss with your patient whether the service provided is reimbursable by BCCCP.
- BCCCP funds do not pay for facility charges at local hospitals and outpatient clinics.
- If the service is not covered by BCCCP, the patient is responsible and arrangements for payment should be discussed before performing the service.
- If you have any questions, please call:

Name of BCCCP Navigator

BCCCP Agency

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Telephone Number

Thank you,