



**Best Chance Network (BCN)  
Breast & Cervical Screening Services  
Cost Explanation Form  
(What BCN can and cannot pay)**

I acknowledge that I have been told by the BCN provider, and I understand that BCN will pay for the procedures listed below if performed at a facility under contract with BCN:

**CHARGES PAID BY BCN:**

- Office visit(s) for Breast & Cervical Screenings. Office visits include clinical breast exam, pelvic exam, Pap with HPV test if needed per BCN guidelines, and referral for mammogram.
  - Pap Testing Guidelines
    - Liquid-based Pap test with HPV test every 5 years or
    - Liquid-based Pap test every 3 years
    - Women at high risk (cervical cancer history, DES exposure in-utero, immunocompromised) are eligible for annual screening with Pap test and HPV test
- Repeat Pap test and HPV test for management of abnormal cervical cancer screening results as recommended by BCN policy and ASCCP guidelines.
- Lab Charges for Pap test and HPV test (if needed per BCN guidelines).
- Screening/Diagnostic Mammogram, Breast Ultrasound and/or Breast Cyst Aspiration.
- Counseling Visit(s) for abnormal findings from clinical breast exam, mammogram, Pap test/HPV test results, ultrasound, diagnostic mammogram, biopsy by radiologist, and completing the Medicaid Application.
- Magnetic Resonance Imaging with screening mammogram (for high-risk clients)

**CHARGES NOT PAID BY BCN:**

- All Other Charges for Lab Tests, X-rays or procedures not listed above or found in the "Fee for Services Schedule"
- Breast Nipple Smear
- Pap test for women with hysterectomy for non-cervical cancer
- Pelvic Ultrasound
- Polyp Removal

*If I need to be referred for follow-up of Breast or Cervical cancer tests, I understand that I will need to ask the follow-up provider or hospital to arrange a payment plan for the charges that BCN cannot pay.*

*I understand that it will be my responsibility to meet with the billing office/financial counselor at the doctor's office or hospital to arrange a payment plan for the charges that BCN cannot pay.*

*I understand that if I choose to go to a non-BCN provider for follow-up of abnormal test results, then none of the services they provide will be paid by BCN.*

*I also understand that I may have ongoing assessment for case management, and agree to case management referral if any of my test results are abnormal.*

*I acknowledge that I have been provided with a copy of this form, the BCN Breast & Cervical Screening Services Cost Explanation Form.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Notice Acknowledgment**

I acknowledge that I have been provided with a copy of DHEC's Privacy Notice.

\_\_\_\_\_  
Print Name of Client or Personal Representative

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Date

\_\_\_ Client was provided a copy of the Privacy Notice \_\_\_\_\_accepted \_\_\_\_\_ declined  
\_\_\_ Client was provided a copy of the Privacy Notice but refused to sign

\_\_\_\_\_  
Witness



Place Original in Patient Chart and 1 Copy to Patient



**Instructions for  
Completing BCN Breast & Cervical Screening Cost Explanation Form**

Best Chance Network (BCN) Breast and Cervical Screening Services Cost Explanation Form (What BCN CAN and CANNOT Pay.)

Read and explain the two groups of bulleted items. Give client a copy of the DHEC Privacy Notice.

Answer any questions.

Have client sign and date the form. Have a witness sign after the client signs the form.

Place the original in the clinic BCN record and give the copy to the client.

Retain this signed form in the record for six years after the contract expiration date.