



Best Chance Network (BCN) Cervical Services Cost Explanation Form (What BCN Can and Cannot Pay)

I agree that I have been told and understand that BCN will pay for the procedures on the following list if performed at a facility under contract with BCN to perform these procedures:

CHARGES PAID BY BCN:

- Office Visit(s) for Cervical Follow-up¹
- Follow-up Pap Test and Pelvic Exam
- Colposcopy (with or without cervical biopsy – tissue removal)
- Endometrial biopsy test for the following Pap test results:
 - Atypical Glandular Cells (AGC) or
 - Adenocarcinoma (AIS)
- Endocervical Curettage (tissue removal)
- Lab Charges for Pap and HPV Tests and Testing of Cervical Biopsy Tissue
- Counseling Visit(s) for Abnormal Results, Treatment Options and Medicaid Application
- Immediate LEEP/LEETZ Procedure for HSIL. The colposcopy or biopsy does not need to precede this option.

¹**BCN will pay for** two (2) follow-up office visits for repeat Pap tests with **negative/benign** results within 12-months after a colposcopy, colposcopy with cervical biopsy, endocervical curettage (ECC), endometrial biopsy or LEEP. If any follow-up Pap test is abnormal, the cycle of 2 normal/benign test results may begin again.

CHARGES NOT PAID BY BCN:

- Conization Procedure with Biopsy
- Pelvic Ultrasound
- Excision and Biopsy of Cervical Polyp
- Laser Treatment
- Hysterectomy
- Cryosurgery
- Endometrial biopsy
- All Other Charges Not Listed As Paid (for reasons other than those listed above)

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

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

Client Signature: _____ Date: _____

Witness of Signature: _____ Date: _____



Place Original in Patient Chart and 1 Copy to Patient

Instructions for Completing BCN Cervical Cost Explanation Form

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

Read and explain the two groups of bulleted items.

Read and explain the bolded and underlined sections of this form. Answer any questions.

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

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

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