



**BEST CHANCE NETWORK (DHEC WISEWOMAN (WW))
CARDIOVASCULAR SCREENING SERVICES
COST EXPLANATION FORM
(WHAT DHEC WW CAN AND CANNOT PAY)**

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

CHARGES PAID BY DHEC WW:

- **Office Visit(s) for Cardiovascular Screening including: measurements of blood pressure, cholesterol, blood sugar, body mass index and waist circumference; and referral for lifestyle education.**
- **Lab Charges associated with the above referenced tests (i.e., lipid panel, A1C, lipoprotein, etc.)**
- **One revisit for fasting blood glucose and/or lipid profile each year.**

CHARGES NOT PAID BY DHEC WW:

- **All other charges for lab tests, x-rays or procedures not listed above, including the following:**
 - medication or pharmacy
 - treatment
 - hospitalization or facility fees
 - EKG, x-rays and other diagnostic tests
 - IV solution

IF I NEED TO BE REFERRED FOR FOLLOW-UP OF ABNORMAL TEST FINDINGS, I UNDERSTAND THAT I WILL NEED TO ASK THE FOLLOW-UP DOCTOR TO TELL ME IF THE TESTS OR PROCEDURES THAT ARE NEEDED ARE COVERED BY DHEC WW.

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 DHEC WW cannot pay.

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

Signature

Date

Witness

Date

Place Original in Patient Chart and give patient the copy.

WISEWOMAN (WW) Cardiovascular Screening Services- Cost Explanation Form
Instructions for Completing DHC 1092

Review this form with the WW patient during the screening visit.

Make sure the patient is aware of potential costs that the WW program will not cover.

Ask the patient to sign and date the form.

Have a witness sign and date the form.

Office Mechanics and Retention:

File the original in the patient's medical record and give the copy to the patient.