

Cancer Detection Programs: Every Woman Counts
RECIPIENT ELIGIBILITY FORM (continued)

BCCTP Enrollment Date:

The purpose of this enrollment is to only refer the recipient to BCCTP Breast Cancer Treatment:

Breast Final Diagnosis Date:

Breast Final Diagnosis (check one):

- | | |
|--|--|
| <input type="checkbox"/> Atypical Ductal Hyperplasia (ADH) | <input type="checkbox"/> Papillary Carcinoma |
| <input type="checkbox"/> Lobular Neoplasia | <input type="checkbox"/> Tubular Carcinoma |
| <input type="checkbox"/> Lobular Carcinoma in Situ (LCIS) | <input type="checkbox"/> Paget's Carcinoma of the Breast |
| <input type="checkbox"/> Atypical Lobular Hyperplasia (ALH) | <input type="checkbox"/> Malignant Phyllodes Tumor |
| <input type="checkbox"/> Ductal Carcinoma In Situ, Comedo Type | <input type="checkbox"/> Metastatic Cancer with Breast Primary |
| <input type="checkbox"/> Ductal Carcinoma In Situ, Non-Comedo Type | <input type="checkbox"/> Carcinosarcoma |
| <input type="checkbox"/> Infiltrating Ductal Carcinoma | <input type="checkbox"/> Primary Non-Hodgkins Lymphoma |
| <input type="checkbox"/> Infiltrating Lobular Carcinoma | <input type="checkbox"/> Inflammatory Breast Carcinoma |
| <input type="checkbox"/> Medullary Carcinoma | <input type="checkbox"/> Adenoid Cystic Carcinoma |
| <input type="checkbox"/> Mucinous or Colloid Carcinoma | <input type="checkbox"/> Breast Malignancy NOS |

The purpose of this enrollment is to only refer the recipient to BCCTP Cervical Cancer Treatment:

Cervical Final Diagnosis Date:

Cervical Final Diagnosis (check one):

- | | |
|---|--|
| <input type="checkbox"/> High Grade Squamous Cell Intraepithelial Lesion (HSIL) | <input type="checkbox"/> Carcinoid Carcinoma |
| <input type="checkbox"/> Adenoid Cystic Carcinoma | <input type="checkbox"/> Small Cell Carcinoma or Neuroendocrine Carcinoma |
| <input type="checkbox"/> Cervical Intraepithelial Neoplasia II (CIN II) | <input type="checkbox"/> Metastatic Cancer with Cervical or Endocervical Primary |
| <input type="checkbox"/> Cervical Intraepithelial Neoplasia III (CIN III) | <input type="checkbox"/> Cervical Sarcoma |
| <input type="checkbox"/> Atypical Glandular Cells of Undetermined Significance (AGUS) | <input type="checkbox"/> Cervical Melanoma |
| <input type="checkbox"/> Adenocarcinoma In Situ (ACIS) | <input type="checkbox"/> Mesonephric Carcinoma |
| <input type="checkbox"/> Adenocarcinoma | <input type="checkbox"/> Moderate Dysplasia |
| <input type="checkbox"/> Squamous Cell Carcinoma | <input type="checkbox"/> Severe Dysplasia |
| <input type="checkbox"/> Adenoma Malignum | <input type="checkbox"/> Carcinoma In Situ |
| <input type="checkbox"/> Adenosquamous Carcinoma | <input type="checkbox"/> Malignant Mixed Mullerian Tumor |
| <input type="checkbox"/> Glassy Cell Carcinoma | <input type="checkbox"/> Cervical Malignancy NOS |

SOLO PARA USO DEL PROVEEDOR Eligibility Checklist

Supporting documentation on file establishes that recipient:

21. Meets CDP: EWC program age, income and insurance criteria.
 [≥ 50 years of age for Breast Services or ≥ 25 years of age for Cervical Services]
 [≤ 200% Federal Poverty Level; Payor of Last Resort: Unmet Share Of Cost, Unmet deductible, Exhausted Family PACT, No Medicare Part B]
22. Signed CDP: EWC consent form

I have determined that this woman is eligible for BCCTP enrollment.*

 Primary Care Provider Staff Certifying Signature

 Date Certified

*Eligibility determination policies and information are located in the Cancer Detection Programs' Section of the Medi-Cal Manual.