

Cada Mujer Vale
Formulario DE ELEGIBILIDAD DE LA RECIPIENTE (continuación)

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"/> Lobular Neoplasia
<input type="checkbox"/> Lobular Carcinoma in Situ (LCIS)
<input type="checkbox"/> Atypical Lobular Hyperplasia (ALH) Ductal
<input type="checkbox"/> Carcinoma In Situ, Comedo Type Ductal
<input type="checkbox"/> Carcinoma In Situ, Non-Comedo Type
<input type="checkbox"/> Infiltrating Ductal Carcinoma
<input type="checkbox"/> Infiltrating Lobular Carcinoma
<input type="checkbox"/> Medullary Carcinoma
<input type="checkbox"/> Mucinous or Colloid Carcinoma | <input type="checkbox"/> Papillary Carcinoma
<input type="checkbox"/> Tubular Carcinoma
<input type="checkbox"/> Paget's Carcinoma of the Breast
<input type="checkbox"/> Malignant Phyllodes Tumor
<input type="checkbox"/> Metastatic Cancer with Breast Primary
<input type="checkbox"/> Carcinosarcoma
<input type="checkbox"/> Primary Non-Hodgkins Lymphoma
<input type="checkbox"/> Inflammatory Breast Carcinoma
<input type="checkbox"/> Adenoid Cystic 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"/> Adenoid Cystic Carcinoma
<input type="checkbox"/> Cervical Intraepithelial Neoplasia II (CIN II)
<input type="checkbox"/> Cervical Intraepithelial Neoplasia III (CIN III)
<input type="checkbox"/> Atypical Glandular Cells of Undetermined Significance (AGUS)
<input type="checkbox"/> Adenocarcinoma In Situ (ACIS)
<input type="checkbox"/> Adenocarcinoma
<input type="checkbox"/> Squamous Cell Carcinoma
<input type="checkbox"/> Adenoma Malignum
<input type="checkbox"/> Adenosquamous Carcinoma
<input type="checkbox"/> Glassy Cell Carcinoma | <input type="checkbox"/> Carcinoid Carcinoma
<input type="checkbox"/> Small Cell Carcinoma or Neuroendocrine Carcinoma
<input type="checkbox"/> Metastatic Cancer with Cervical or Endocervical Primary
<input type="checkbox"/> Cervical Sarcoma
<input type="checkbox"/> Cervical Melanoma
<input type="checkbox"/> Mesonephric Carcinoma
<input type="checkbox"/> Moderate Dysplasia
<input type="checkbox"/> Severe Dysplasia
<input type="checkbox"/> Carcinoma In Situ
<input type="checkbox"/> Malignant Mixed Mullerian Tumor
<input type="checkbox"/> Cervical Malignancy NOS |
|---|--|

SOLO PARA USO DEL PROVEEDOR Eligibility Checklist

Supporting documentation on file establishes that recipient:

22. Meets EWC program age, income and insurance criteria.
 [≥ 40 years of age for Breast Services or ≥ 21 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]
23. Signed 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 Can Detect Portion of the Medi-Cal Manual.*