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## BREAST AND CERVICAL CANCER DIAGNOSIS AND TREATMENT PROGRAM

Maryland State Department of Health and Mental Hygiene

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THE CENTER FOR CANCER SURVEILLANCE AND CONTROL  
IS THE PAYOR OF LAST RESORT

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### Patients with NO INSURANCE:

1. Complete CMS 1500 (for physician, physical therapy, radiology, DME, and laboratory).
2. Complete UB 04 (for hospital, home health and free standing ambulatory surgical centers).
3. Submit the required claim form to the Breast and Cervical Cancer Diagnosis and Treatment Program.

### Patients with MHIP or MEDICARE:

1. Complete CMS 1500 (for physician, physical therapy, radiology, DME, and laboratory).
2. Complete UB 04 (for hospital, home health and free standing ambulatory surgical centers).
3. Send the required claim form to MHIP or Medicare.
  - Do not charge patient for any co-payment/co-insurance.
  - Do not charge patient for any deductible.
4. Obtain explanation of benefits (EOB) from Medicare.
5. Accept the MHIP or Medicare payment.
6. Bill the Breast and Cervical Cancer Diagnosis and Treatment Program for the following:
  - Denied claims
  - Reimbursement is less than the Medical Assistance rates
  - Co-Payment/Co-Insurance
  - Deductible
7. Submit the required claim form and the EOB to the Breast and Cervical Cancer Diagnosis and Treatment Program.

### Patients with COMMERCIAL INSURANCE:

1. Complete CMS 1500 (for physician, physical therapy, radiology, and laboratory).
2. Complete UB 04 (for hospital, home health and free standing ambulatory surgical centers).
3. Send the required claim form to the patient's primary insurance and/or secondary insurance.
  - Do not charge patient for any deductible.
  - Co-payment and Co-insurance is the responsibility of the patient.
4. Obtain explanation of benefits (EOB) from insurance carrier.
5. Accept insurance payment.
6. Bill the Breast and Cervical Cancer Diagnosis and Treatment Program for the following:
  - Denied claims
  - Reimbursement is less than the Medical Assistance Rates
  - Deductible
7. Submit the required claim form and the EOB to the Breast and Cervical Cancer Diagnosis and Treatment Program.

**PLEASE SEND REQUIRED DOCUMENTATION TO:**

Center for Cancer Surveillance and Control  
Maryland Department of Health and Mental Hygiene  
Family Health Administration  
P.O. Box 13528  
Baltimore, Maryland 21203-2399

**Allowed benefits will be paid to the provider by the Center for Cancer Surveillance and Control,  
Maryland State Department of Health and Mental Hygiene.**

*For questions, please call (410) 767-6787.*