
BREAST AND CERVICAL CANCER DIAGNOSIS AND TREATMENT PROGRAM

Maryland State Department of Health and Mental Hygiene

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

Patients with NO INSURANCE:

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

Patients with MEDICARE:

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

Patients with COMMERCIAL INSURANCE:

1. Complete CMS 1500 (for physician, physical therapy, radiology, and laboratory) or UB 04 (for hospital)
2. Complete CMS 1500 or UB 04 (for 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 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 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 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.