

## ELIGIBILITY GUIDE

- **Live in Washington State**
- **Uninsured** (*do not qualify for Apple Health*) or **Underinsured** (*high deductible and/or services not covered by insurance*)
- **Income program guidelines:**

### Gross Monthly Household Income 250% FPL

<u>Household Size</u>	<u>Breast, Cervical, Colon</u>
1	\$2,602
2	\$3,523
3	\$4,444
4	\$5,333
Add for each additional	\$921

*\*Through a special grant, women and men may receive breast cancer services if they are over 40 and over the listed income level, OR under 40 and have breast symptoms or diagnostic needs.*

- **Sex**
  - Female (*for breast, cervical or colon screening*)
  - Male (*for colon screening - breast screening if suspicious for breast cancer*)
- **Age**
  - 19 – 39 if breast symptoms (limited funding – call for approval)
  - 40 – 64 (*for breast and cervical*)
  - 50\*\* – 64 (*for colon cancer screening*)  
\*\* *Patients under 50 with a personal or family history of colon cancer or polyp removal may be eligible for services.*
- **No symptoms or other G.I. conditions** (*for colon screening only*)

## ENROLLMENT PROCESS

**Have client call BCCHP to see if they are eligible for the program and what services they will be authorized for. We can also check to see if client is eligible for Apple Health.**

Or

### Before Appointment

- Check to see if client meets criteria for any screening per *Eligibility Guide*. (above)
- Check to see if client qualifies for Apple Health (*if not, obtain print out showing denial*)
- Schedule an office visit appointment, preferably at least one week out.
- Complete the **ENROLLMENT FORM** and fax to BCCHP (*with Apple Health denial, if available*).

BCCHP will verify eligibility and fax form back to provider with authorization number and eligible services information.