IOWA HHS

# Iowa Care for Yourself Breast and Cervical Cancer Program (BCC)

## Service Facility Application

CARE FOR YOURSELF Breast & Cervical Cancer Screening

### FACILITY INFORMATION

Please complete based on the location where services will be performed using the official name

Fill out this form for any hospital, clinic, lab or physical address one of your providers could perform and bill services to the program.

| | |
|---|---|
| **Tax ID #** | **NPI #** *(Box 33A of HCFA 1500)* |
| **Service Facility Name** *(Needs to match box 32 of HCFA 1500)* | |
| **Physical address** Street - | |
| City, State, ZIP Code - | |
| **Mailing address** (if different) Street - | |
| City, State, Zip Code - | |
| **County facility is located** | **Phone number** |
| **Facility contact name** | **Contact phone number** |
| **Contact e-mail address** | |

**Please check all service types that apply for this facility**

☐ Ambulatory Service ☐ FQHC ☐ Lab/Pathology ☐ Mammography/Radiology ☐ Pharmacy ☐

Complete the section below if this facility has merged with or been bought out from a different facility.

| **Previous facility name** | **Previous tax ID #** | **Previous facility address** |
|---|---|---|
| | | |

### BILLING INFORMATION

Complete based on the address where payments should be mailed. MUST MATCH CLAIM FORM

Reimbursement of claims will only be processed up to one year (12 months) from the date of service. Claims exceeding the 12-month period from the date of service will be denied.

| | |
|---|---|
| **Billing Agency (Provider) Name** *(Needs to match box 33 of HCFA 1500)* | |
| **Mailing Address** Street - | |
| City, State, Zip Code - | |
| **Billing contact name** | **Phone number** |
| **Contact e-mail address** | |

| **Authorized Facility Signature** | **Date** |
|---|---|
| Sign | |
| Print | |

**Please send completed forms via email or fax to: Attn: Iowa Screening Programs – Gena**

**Email: gena.hodges@idph.iowa.gov or Fax: 515-242-6384 (If you have questions call Gena at: 515-314-8318)**

UPD: 09.27.22