Form 1: Application Form DHHS91198 Breast and Cervical Cancer Screening

Applicant Clinic Name:	
Applicant Legal Address:	
Applicant mailing address:	
Applicant contact email address:	
Applicant contact phone number:	

A "yes" reply to all questions below is required to be awarded a contract..

Place a mark in the "yes" or "no" column for each question.		No
Does your clinic serve low-income (250% Federal Poverty Level), uninsured or underinsured population?		
Do providers in your clinic maintain a current active license as a Medical Doctor or Doctor of Osteopathy, an Advanced Practice Registered Nurse or a Physician's Assistant with the state of Utah Department of Commerce, Division of Occupational and Professional License?		
Will your clinic comply with the Utah Breast and Cervical Cancer Screening Manual for Partnering Clinics?		
Does your clinic provide follow-up and/or patient navigation for Breast & Cervical (" B&C ") clients as defined in the Utah Breast and Cervical Cancer Screening Manual for Partnering Clinics?		
Does your clinic employ a primary care provider who shall provide medical results, write medical orders, and provide medical referrals to clients?		
Does your clinic accept Medicare reimbursement rates?		
Does your clinic have a designated contact who will work with the B&C program on clinical and billing issues?		
Does your clinic waive a patient fee (per visit, monthly, other)? (B&C funds cannot be used to pay for any service for which payment has been made by an entity that provides health services on a prepaid basis.)		