



If not completed by the individual named above, but recorded from information provided by the individual

Organization: \_\_\_\_\_ by \_\_\_\_\_ Date: \_\_\_\_=\_\_\_\_=(mm/dd/year)

**IF ALL SECTIONS ARE NOT COMPLETE WHEN THE FORM IS SUBMITTED, PAYMENT FOR SERVICES WILL BE DELAYED.**

**THIS FORM MUST BE SUBMITTED TO:** State of Alaska / Breast and Cervical Screening Assistance Program,  
3601 C Street, Suite 322, Anchorage, AK 99503 **FAX:** (907) 269-3414

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Revised  
02/2023

**PLEASE KEEP FOR YOUR RECORDS.**

Alaska Breast and Cervical Screening Assistance Program

Here's How it Works:

The Breast and Cervical Screening Assistance Program is the State of Alaska's program that pays for breast and cervical cancer screening and many diagnostic services.

- The Alaska Breast and Cervical Screening Assistance Program pays only for services related to breast and cervical cancer screening. You are responsible for any additional services received at the time of your screening visit, such as any blood or urine testing.
- If you have health insurance, your insurance will be billed before The Alaska Breast and Cervical Screening Assistance Program. Please advise all providers you see of all insurance coverage you have in order to eliminate delay in payment.
- If you are diagnosed with breast or cervical cancer, we will refer you to Medicaid to assist in payment for treatment.
- In the event you should receive any medical bills, please read and keep them. If you suspect an error or have questions, please call The Alaska Breast and Cervical Screening Assistance Program at 1.800.410.6266.
- The Alaska Breast and Cervical Screening Assistance Program treats all clinical and personal information as confidential.
- Your enrollment in the Alaska Breast and Cervical Screening Assistance Program is active for one year from the date you enroll.

I enrolled on \_\_\_\_\_.

My Alaska Breast and Cervical Screening Assistance Program clinic is \_\_\_\_\_.

**Client**