

**BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT (BCCPT) PROGRAM**  
 COMPLETED BY THE CAO

**CLIENT PERSONAL DATA**

|                      |                        |            |               |                       |
|----------------------|------------------------|------------|---------------|-----------------------|
| LAST NAME            |                        | FIRST NAME |               | MIDDLE INITIAL        |
| HOME ADDRESS         |                        |            |               |                       |
| CITY                 |                        | STATE      | ZIP CODE      | TELEPHONE (AREA CODE) |
| COUNTY/RECORD NUMBER | SOCIAL SECURITY NUMBER |            | DATE OF BIRTH |                       |

**HEALTH INSURANCE**

|                       |                     |                       |                     |
|-----------------------|---------------------|-----------------------|---------------------|
| INSURED CARRIER NAME  |                     | INSURED CARRIER NAME  |                     |
| POLICY #              | GROUP NAME / NUMBER | POLICY #              | GROUP NAME / NUMBER |
| TELEPHONE (AREA CODE) |                     | TELEPHONE (AREA CODE) |                     |

IS THE ABOVE PRIVATE INSURANCE OBTAINED THROUGH EMPLOYMENT?  Yes  No (IF YES COMPLETE)

**EMPLOYMENT DATA**

|                  |       |          |                       |
|------------------|-------|----------|-----------------------|
| NAME OF EMPLOYER |       |          |                       |
| ADDRESS          |       |          |                       |
| CITY             | STATE | ZIP CODE | TELEPHONE (AREA CODE) |

**“CREDITABLE COVERAGE” DETERMINATION**

COMPLETED BY HIPP

|  |      |                       |
|--|------|-----------------------|
| DOES THE INSURANCE POLICY MEET “CREDITABLE COVERAGE” AS DEFINED BY BCCPTA? <input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |                       |
| HIPP REPRESENTATIVE  | DATE | TELEPHONE (AREA CODE) |