RESET FIELDS

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

HAS THIS COVERAGE ENDED IN THE PAST 90 DAYS? ☐ Yes ☐ No

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)

Please Note If this coverage is Medicare, do not send this form to HIPP

"CREDITABLE COVERAGE" DETERMINATION

COMPLETED BY HIPP

DOES THE INSURANCE POLICY MEET "CREDITABLE COVERAGE" AS DEFINED BY BCCPTA? ☐ **Yes** ☐ **No**

HIPP REPRESENTATIVE	DATE	TELEPHONE (AREA CODE)