

Florida Breast and Cervical Cancer Early Detection Program

Annual Applicant Agreement

- I agree to become a client of the Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP).
- Florida is my primary residence.
- I declare that my net family annual income is at or below 200% of the federal poverty guideline and I have no health insurance that pays for breast and cervical cancer screening exams.
- I understand I am no longer eligible for the FBCCEDP if my income changes to be above 200% of the federal poverty guideline or if I enroll in any health insurance program that provides breast and cervical cancer screening.
- I understand that I may have a share of cost for some services.
- I agree to use an authorized provider for my breast and/or cervical screening examinations (breast exam, mammogram, and/or Pap test) and I agree to complete any follow-up tests within 60 days.
- I understand that the FBCCEDP is a breast and cervical cancer **screening** program, not a cancer **treatment** program. If I am diagnosed with breast or cervical cancer as a result of my FBCCEDP screening, I will be referred to a provider for my cancer treatment. I understand I can reapply to the FBCCEDP for screenings after initial treatment is completed.
- I agree to allow an exchange and release of information via fax or mail between my health care providers, the Florida Department of Health Breast and Cervical Cancer Early Detection Program, the Florida Department of Health Cancer Data Registry, the Centers for Disease Control and Prevention, and others related to my health care. This information could include medical history, examination results, and any follow up tests and treatments done as a result of the examination, even if the tests or treatment I receive are not paid for by the FBCCEDP.
- I agree to receive phone or mail contact from FBCCEDP staff about my health care.
- I understand this agreement is good for one year unless my program eligibility changes.
- I understand that taking part in this program is my choice and I may withdraw from the program at any time.

Client signature

Date

Printed name

Date of birth

Revised 04/2014

