

Health Initiative - Cancer Services Program of St. Lawrence County
PO Box 5069
Potsdam, New York 13676

Phone: (315) 261-4760
Fax: (315) 261-4728

Referral Form for Cancer Screening Support

Please fill out this form and fax it to **315-261-4728**. If you have any questions, please call **315-261-4760**.

Referring Source

Self-referral

Healthcare Provider (please complete below):

Name: _____

Office Phone: _____

Office Fax: _____

Other Organization/Individual (please complete below):

Name: _____

Office Phone: _____

Office Fax: _____

Patient Information (person being referred for services)

Patient's Name: _____

Patient's DOB: _____

Patient's Gender: M F

Patient's Address: _____

Patient's Contact Phone Number(s): _____

Program(s) Patient is being referred to: (check all that apply)

Breast and Cervical Cancer Program (Women age 50-64. Must be uninsured or underinsured.)

Colorectal Cancer Screening Program (Age 50 and above; younger than age 50 if symptomatic or is high or increased risk for Colorectal Cancer. Must be uninsured or underinsured.)

Does patient have symptoms? Yes No

If Yes, please explain: _____

Does patient have a significant family history of cancer? Yes No

If Yes, please explain: _____

Thank you for your referral. The Cancer Services Program staff will contact the patient upon receipt of the referral to determine eligibility for cancer screening support services.

NOTE: To determine eligibility for screening or diagnostic services for patients that are symptomatic or are at increased or high-risk for breast, cervical or colorectal cancer; related medical and family history must accompany the referral. Thank you.

Cancer Services Program Eligibility Criteria

Table 1: 2018 CSP Income Eligibility Guidelines	
Size of Family Unit	Total Annual Household Income
1	\$ 30,350
2	\$ 41,150
3	\$ 51,950
4	\$ 62,750
5	\$ 73,550
6	\$ 84,350
7	\$ 95,150
8	\$105,950
For families with more than 8 persons, add the following amount for each additional person	\$4,320

Expanded Income Eligibility:

A client living above 250% of the FPG who meets all other eligibility criteria may be enrolled in the CSP if s/he meets the criteria for uninsured or underinsured outlined below.

Uninsured Criteria:

A client is “uninsured” if s/he has no health insurance of *any type*.

Underinsured Criteria:

A client is underinsured if s/he has:

- Health insurance that does not cover clinically appropriate cancer screening or diagnostic services
- Health insurance with an annual deductible, monthly spend down, or co-payment that is high enough to prevent him/her from obtaining cancer screening services

Residency Requirement: A client must be living in New York State.

ALLOWABLE REIMBURSEMENTS

The following are screening services covered under the Cancer Services Program:

- Clinical Breast Exam (CBE)
- Pelvic exam with Pap Smear & High Risk HPV Screening (*Women who have had a hysterectomy unrelated to cervical cancer, are not eligible for Pap*)
- Fecal Immunochemical Test (FIT)

Diagnostic services related to Breast, Cervical and Colon Cancer might also be a covered service but **REQUIRE PRIOR APPROVAL. IF DIAGNOSTIC SERVICES ARE NECESSARY - CONTACT THE CANCER SERVICES PROGRAM IMMEDIATELY TO CONFIRM COVERAGE.**