



## Quality Compliance Form

Fax: (716) 887-7967

Breast Cancer Screening (BCS)	
Provider Information	
Provider Name	
Address	
Specialty	
NPI	
Tax ID	
Contact Name	
Contact Phone	
Patient Information	
Patient Name	
DOB	
BlueCross BlueShield Insurance	<input type="checkbox"/> Primary <input style="margin-left: 200px;" type="checkbox"/> Secondary
ID	
Measure/Description	Women age 52-74 (1946-1968) who had at least one screening mammogram between October 1, 2018 and December 31, 2020.
Required Documents	<ul style="list-style-type: none"> <li>Bilateral mammogram with results</li> </ul> <p><b>Exclusions</b> - Documentation must include evidence of:</p> <ul style="list-style-type: none"> <li>Bilateral mastectomy performed, or</li> <li>Two unilateral mastectomies performed (on two separate dates of service must be at least 14 days apart)</li> </ul>
Comments	