



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
CERTIFICATION OF NEED FOR TREATMENT – BREAST/CERVICAL CANCER

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PATIENT NAME

PATIENT DOB (MM/DD/YYYY)

PATIENT MO HEALTHNET NUMBER (DCN)

I certify that the above patient:

☐ Was diagnosed as having ☐ breast or ☐ cervical cancer on ; and,
(CHECK ONE) DATE (MM/DD/YYYY)

☐ Is in need of treatment for breast or cervical cancer; **OR**

☐ Is currently receiving treatment for breast or cervical cancer. The estimated date when the current course of treatment will end is
DATE (MM/DD/YYYY)

Note: Eligibility Specialist must set a priority for follow-up based on estimated treatment completion date.

PHYSICIAN'S SIGNATURE	DATE
TYPE OR PRINT NAME OF PHYSICIAN	
PHYSICIAN SPECIALTY	
MO HEALTHNET PROVIDER NUMBER	MO HEALTHNET MANAGED CARE PROVIDER NUMBER

PLEASE SEND THIS FORM TO THE FOLLOWING AGENCY:

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CERTIFICATION OF NEED FOR TREATMENT – BREAST/CERVICAL CANCER

Purpose: To provide a signed statement from the diagnosing/treating physician as to the date of the diagnosis and/or the length of time treatment will be for breast or cervical cancer. This form is used to tell the eligibility specialist the date of diagnosis and the time limit the treatment will last for the claimant.

Number of Copies and Distribution: Complete on copy of the form in ink or type and file in the case record.

Instructions for Completion:

The following parts of this form are to be completed by the eligibility specialist prior to sending to the treating physician:

- Patient Name
- Patient's Date of Birth
- Patient's MO HealthNet Number (DCN)
- Address of where to send the completed form

The form is then sent to be completed by the diagnosing/treating physician.

If initially applying for BCCT through a county office, the physician must certify the following:

- Date of diagnosis, and either
- Need for treatment, or
- If currently receiving treatment, the estimated date the current course of treatment will end.

Upon receiving the completed BCC-2, the eligibility specialist will set a priority based on the patient status:

- Initial application with diagnosis only-Set priority to check on treatment status in three (3) months; or
- Active case-Set priorities as needed to redetermine whether treatment is still needed for breast or cervical cancer. Priorities are based on the date the current course of treatment is expected to end.