Pennsylvania Free Breast and Cervical Cancer Services
ELIGIBILITY-AT-A-GLANCE

	Free Breast & Cervical Cancer Treatment **Department of Public Welfare** BCCPT Program **1-800-215-7494 www.PaHealthyWoman.com**	Free Breast and Cervical Cancer Screening **Department of Health** HealthyWoman Program (HWP) (Screening thru Diagnosis) **1-800-215-7494 www.PaHealthyWoman.com**
Age		
Under 40	▪ Eligible	▪ Eligible if symptomatic
40-49	▪ Eligible	▪ Eligible
50-64	▪ Eligible	▪ Eligible
65+	▪ Not eligible	▪ Eligible if not covered by Medicare Part B
Citizenship/PA Residency		
U.S. Citizen or Qualified Alien	▪ Required for eligibility; Documentation required ✦	▪ Eligible (self reported); can enroll regardless of response
PA Resident	▪ Required for eligibility; Documentation required	▪ Required for eligibility; Provider Verification
Social Security #	▪ Required for eligibility; SS number or documentation of application for SS # is required✦	▪ Not required
Income		
Income	▪ N/A for the BCCPT Program (DPW will verify income for eligibility for MA and other public assistance)	▪ Eligible (self reported – Under 250% of Federal Poverty Income Guidelines)
Insurance		
Uninsured	▪ Verified thru HIPP (Health Insurance Premium Payment Program)	▪ Eligible (self reported)
Creditable Insurance	▪ Not eligible Verified thru HIPP (Health Insurance Premium Payment Program)	▪ Eligible under certain circumstances (self reported)
Underinsured	▪ Not eligible	▪ Eligible (self reported)
Other		
Other Required Documentation	▪ PA600 Part B Application	▪ PA 600 Part A Application

✦ *Non qualified immigrants can apply for Emergency Medical Assistance. They will need to apply for Medical Assistance with a physician letter stating the nature of the medical emergency condition, in addition to the BCCPT forms.*