



BCCHP – Prevention Division 401-5th Ave Suite 900, Seattle, WA 98104

206-263-8176, fax- 206-296-0208



IMAGING BREAST EVALUATION REPORTING FORM

Please	Prin	t Cle	arly			BCCF	BCCHP# Authorization #				
REFERRAL SOURCE	CLIENT NAME (Last, First, MI)					DATE OF BIRTH	SOCIAL SECURITY NUMBER DATE OF PROCEDURE				
	IMAGING FACILITY/SITE PREV					/IOUS IMAGING FACILITY/DATE (COMPARISON)*		* CHART	CHART NUMBER		
	REF	ERR	ING	CLINI	CSITE		REFERRING PROVIDER NAME				
	PRIMARY INSURANCE (IF THERE IS A PRIMARY INSURANCE COVERAGE, PLEASE SUBMIT EOB TO BCCHP FOR ADDITIONAL REIMBURSEMENT UP TO PROGRAM FEE SCHEDULE AMOUNT)										
	Nan	ne of	insur	ance o	company		Policy/Identification number				
				orde	ered: ammography		Right		Left		
	Dia Doe	gno es cli	stic: ent h	☐ F nave i	R	ve type: ,					
				-	f breast cancer: ☐ No ☐ Yes, Age		A mammogram (or additional mammographic views) is not sufficient evaluation of an abnormal CBE. Palpable breast masses need to be evaluated clinically and/or with additional imaging regardless of mammogram result.				
	FOR IMAGING FACILITY USE ONLY BELOW THIS LINE										
	Type of Test				☐ Mammography ☐] Conventional	☐ Digital	□us		☐ MRI	
	Mam US										
	L	R	L	R							
Bi-Rads Results					(1) Negative – The breast(s) are symmetric with no masses, architectural distortion or suspicious calcifications present.						
					(2) Benign – There is nothing to suggest cancer; however there are benign findings that warrant reporting. No evidence of malignancy.						
					(3) Probably Benign – Short Interval Follow-up Suggested – A finding in this category has a high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would like to document its stability.						
					(4) Suspicious Abnormality – These lesions do not have specific characteristics of breast cancer but have a possibility of being malignant. The radiologist has sufficient suspicion to warrant biopsy.						
					(5) Highly Suggestive of Malignancy – These lesions have a high probability of malignancy.						
		(0) Assessment is Incomplete – Need additional evaluation. (Assessment Incomplete for a mammogram applies only if additional radiological studies are needed. When awaiting old mammographic films to compare with current films, DO NOT assign a result of Assessment Incomplete. Instead, check the box below indicating "obtain prior films for comparison.")									
		□ □ □ Technically Unsatisfactory – Could not be interpreted (needs to be repeated)									
Recom- mendations	☐ Additional Mammographic Views ☐ Surgical Consult / Repeat Breast Exam ☐ Ultrasound ☐ Short Interval Follow-up Suggested in months ☐ Fine Needle Aspiration ☐ Routine Screening Mammogram ☐ Biopsy ☐ Obtain Prior Films for Comparison*									S	
Comments											
	DIAGNOSTIC PROVIDER SIGNATURE Print Name							Telephone Numb	ber	Date	

Please FAX form to the BCCHP Prime Contractor at: 206-296-0208