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Director

Terry E. Branstad  
Governor

Kim Reynolds  
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To: Health Care Facilities & Health Care Providers  
From: Iowa *Care for Yourself* – Breast and Cervical Cancer Program  
Re: Information about Health Care Provider Enrollment

Thank you for agreeing to provide services for the *Care for Yourself (CFY) – Breast and Cervical Cancer Program*. The *Care for Yourself Program* is administered by the Iowa Department of Public Health (IDPH) and funded primarily with federal funds through the Centers for Disease Control and Prevention (CDC).

Prior to enrolling as a health care facility for the *Care for Yourself – Breast and Cervical Cancer Program*, please review the Health Care Facility and Health Care Provider Guide. Enrollment documents can be found at: <http://www.idph.iowa.gov/cfy/information-for-healthcare-providers>

The following items must be completed and returned to the Iowa Department of Public Health.

- The **Iowa *Care for Yourself* – Breast and Cervical Cancer Cooperative Agreement**
  - Only one Cooperative Agreement per Corporation/Tax ID number is required.
- The **Iowa *Care for Yourself* – Breast and Cervical Cancer Application for Health Care Facility and Health Care Provider Enrollment**
  - Each participating facility including the corporation/lead facility will need to fill out the two-page “**Application for Health Care Facility Enrollment**” that will (a) confirm the physical location of each facility, and (b) identify a point of contact for each facility and (c) its billing staff.
  - On the Application for Health Care Facility and Health Care Provider Enrollment, list the names of all health care providers within each facility who will be providing *Care for Yourself – Breast and Cervical Cancer* screening services.
    - W-9 form, signed within the last 12 months; and
    - A copy of the CLIA Certificate, if applicable.

The cooperative agreement is not effective until the document has been fully executed with signatures of both parties and received by the Corporation/Lead Facility. The fully executed agreement will be scanned and electronically sent back to the applicant.

**To submit the required materials, please send them in an email to [Gena.Hodges@idph.iowa.gov](mailto:Gena.Hodges@idph.iowa.gov).** The subject line should state “**BCC Enrollment**” and the Corporation/Lead Facility name.

For further questions, please contact Gena Hodges at [Gena.Hodges@idph.iowa.gov](mailto:Gena.Hodges@idph.iowa.gov) or 515-281-4909.