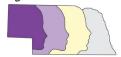
Treatment Funds Reauest

Every Woman Matters





4/2022

In order for your client to access Medicaid or other treatment resources this form must be completed. The following documents are required to initiate the process for financial assistance. Please write in the dates below when the forms/report were sent.

Treatment Funds Request Form: Da					e Sent	::/_	/	
Breast/Cervical Diagnostic Enrollment, Follow Up and Treatment Plan: Date						::/_	/	
							/	
For more information see the	Woman's and Man's	Hoalth Broard	ım Provider Partici	nation Manua	ı			
roi more injormation see the	vvoinens and wens	nealth Frogra	iiii Piovidei Partici	oation wanda	11.			
		Client Inf	formation					
First Name Middle Initial Last Name				Maiden Name				
Birthdate /	Social Security #		Home/Cell Phone circle on			Work Phone		
Address		City		County		State	Zip	
In what state was the client born: ———————————————————————————————————					Other			
Is the client a U.S. Citizen? □Yes □No If no, what is the client's immigration status?					(Please attach a copy of the client's INS papers, if available)			
Private Insurance: □Yes □No □				CIN II Cancer in situ (breast or cervical) nvasive cancer (breast or cervical)				
Neb	oraska Medicaid noti	fies all clients	of acceptance to I	Medicaid Trea	itment			
SURGEON/CLINIC:					ne: ()			
Contact Person:					Fax: ()			
Deferred Du/Clinics				Dhon		١		
Referred By/Clinic: Contact Person:								
Completed by:				Date	:	/	_/	

Points of Importance

- The Treatment Funds Request Form must be completed, for all clients accessing Nebraska Medicaid. The completion of this form begins the process of obtaining treatment through Medicaid.
- Clients must be enrolled and diagnosed with breast or cervical precancer or cancer in the Every Woman Matters program and a pathology report confirming diagnosis must be submitted.
- Clients must complete and submit the Breast and Cervical Cancer Medicaid Supplement Form initiated by EWM staff.
- EWM Clinical Staff may work with providers and clients to complete the required forms as needed.
- For EWM and Medicaid, if the client is a US Citizen, no further verification is needed. However, if
 the client is NOT a US Citizen proof of permanent residency is required by way of a front/back copy
 of their permanent resident card or other documentation if they don't have a card.
- Clients who receive Medicaid for cervical dysplasia are eligible for Medicaid for 60 days.
- Clients treated for cervical dysplasia most likely will not receive a Medicaid <u>card</u> due to the short time frame they are on Medicaid.
- Clients who receive Medicaid for breast or cervical cancer cannot be older than 64 years of age.
- Clients receiving Medicaid for breast cancer or invasive cervical cancer are eligible for Medicaid for six (6) months. Medicaid may extend this period if the client is still receiving treatment for breast cancer. The provider will need to submit a letter to Medicaid for an extension.
- Nebraska Medicaid issues Medicaid numbers. Every Woman Matters does not issue them.
- To retrieve or verify a client's Medicaid number call **1-800-642-6092**.
- If applicable, Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment funds along with a copy of Client Rights and Responsibilities.
- Clients ineligible for Nebraska Medicaid may be reviewed for eligibility for other treatment dollars.

Nebraska Department of Health and Human Services Women's and Men's Health Programs, Every Woman Matters 301 Centennial Mall South, P.O. Box 94817 Lincoln, NE 68509-4817 Phone: 800.532.2227 or 402.471.0929

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Reasonable accommodations made for persons with disabilities. TDD (800) 833-7352. The Nebraska Department of Health and Human Services provides language assistance at no cost to limited English proficient persons who seek our services.