Provider Materials Reorder Form
Version: November 2019

Fax: (402) 471-0913 (orders can be mailed or faxed)
E-mail: dhhs.ewm@nebraska.gov
Website: www.dhhs.ne.gov/womenshealth
Mail: Every Woman Matters & Nebraska Colon Screening Program
     P.O. Box 94817
     Lincoln, NE 68509-4817

BE SURE TO INDICATE THE QUANTITY OF MATERIALS YOU ARE REQUESTING.
DO NOT JUST PLACE A CHECKMARK BY THE INDIVIDUAL ITEMS NEEDED.

NO MORE THAN 25 OF ANY ONE ITEM WILL BE SENT AT ANY ONE TIME

Materials available for Ordering:

Healthy Lifestyle Questionnaire Packet
(Online enrollment now available at www.dhhs.ne.gov/EWMforms)
___ English  ___ Spanish

Breast Diagnostic Enrollment / Follow Up & Treatment Plan*
 ___ English  ___ Spanish

Cervical Diagnostic Enrollment / Follow Up & Treatment Plan*
 ___ English  ___ Spanish

Client Informed Refusal Form*
 ___ English  ___ Spanish

Report of Woman Deemed Lost-to-Follow Up Form*
 ___ English

Treatment Funds Request Form*
 ___ English

EWM Mammography Order Form
___ sheet(s)

Lab Stickers - 50 stickers per sheet (red & white)
___ sheet(s)

Pre-addressed labels to EWM - 30 stickers per sheet
___ sheet(s)

* materials also available for download at www.dhhs.ne.gov/EWMforms

Promotional Materials:

Program Bookmark
___ English  ___ Spanish

Colon Cancer Brochure Spanish brochures only
___ English  ___ Spanish

** Effective July 2013 some forms are ONLY available online:
http://dhhs.ne.gov/EWMforms

• Provider Manual, July 2019 (Most Recent Edition)
• Income Eligibility Scale
• State Pap Plus Program Form (English and Spanish)

Reimbursement of preventive services based on US Preventive Services Task Force and Program Guidelines:
- Biennial Mammography (every 2 years) is reimbursed for women 50-74. Women 40-49 based on risk and values.
- Clients 30-65 years of age only eligible for Pap test every THREE years with cytology or every FIVE years with co-testing (cytology/HPV)