STATE PAP PLUS ENROLLMENT CHECK LIST

Client Name _________________________________________

Initial

_____ Client is 18+ for STD Only and 21-39 for Pap test with/without STD Testing
_____ Nebraska Resident
_____ Meets income guidelines
_____ Insurance is marked No – Clients with insurance are not eligible
_____ Medical Release form signed with date of signature on or before date of service
_____ Attestation marked - If qualified alien marked need copy - front and back - of
   Permanent Resident Card
_____ Screening Services page completed – Services marked, date of service and
   Clinic name filled out.
_____ Quick Claim section filled out

Client is NOT eligible for office visit with no pap or STD services done.