

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.