CLAIM STATUS FORM

State of Nebraska, Department of Health and Human Services
Office of Women's Health
Every Woman Matters Program
Nebraska Colon Cancer Screening Program
301 Centennial Mall South
PO Box 94817
Lincoln, NE 68509-4817
PHONE: 1-800-532-2227 or 402-471-0929
FAX: 402-471-0913
http://www.dhhs.ne.gov/womenshealth/ewm/

This transmission may include protected health information, under the standards established per the Health Insurance Portability and Accountability Act of 1996, and Neb. Rev. Stat., §68-313. If this information has been received in error, the recipient is directed to return to sender or destroy the information and notify this office of the error immediately. Failure to do so may lead to civil or criminal penalties.

The document will be reviewed and returned within 2 working days.

PROVIDER NAME:
Name of Contact Person:
Telephone Number:
Fax Number:

- **PLEASE REVIEW your most recent Billing Authorization Report before sending Claim Status Requests**
- **EWM Staff will not review claims that are less than 60 days from date of service.**
- **PLEASE allow 45 days from filing date so claims can process through 1 billing cycle before review.**
- **If a PAID date is noted in the comment column, this is the date payment was Authorized by EWM staff; payment should issue within 2 weeks of that date**

PROVIDERS MUST COMPLETE FIRST 5 COLUMNS…USE A SEPARATE LINE FOR EACH CPT CODE

Patient Name	DOB	DOS	CPT	Billing Amount	COMMENTS (EWM to complete this Section)

To be completed by EWM Staff:

Date Received:	**Date Completed:**	**By:**