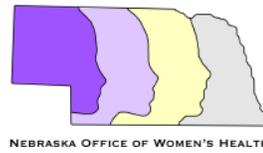


PAYMENT STATUS FORM

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/>

Every Woman Matters



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

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

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 THE DOCUMENT(S) WILL BE FAXED TO YOU**

PAYEE	CHECK NUMBER	INVOICE NUMBER (FOUND ON CHECK STUB)	Check Amount

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 OR CANNOT IDENTIFY AN ELECTRONIC FUNDS TRANSFER FOR THE BACK-UP**

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	(FOUND ON UPPER RIGHT-HAND CORNER OF DOCUMENT)		(EWM to complete this section)

To be completed by EWM Staff:

Date Received:	Date Completed:	By:
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