



# Provider Materials Reorder Form

7/2014

Fax: (402) 471-0913 (orders can be mailed or faxed)

E-mail: [dhhs.ewm@nebraska.gov](mailto:dhhs.ewm@nebraska.gov)

Website: [www.dhhs.ne.gov/womenshealth/ewm](http://www.dhhs.ne.gov/womenshealth/ewm)

Mail: Every Woman Matters &  
Nebraska Colon Screening Program  
P.O. Box 94817  
Lincoln, NE 68509-4817

Send Materials To: (write clearly, use a stamp or tape your business card here)

Facility: \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please allow 2 weeks  
for your order to be  
filled and shipped.  
Thank You!

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 (previously the Yellow Enrollment Packet)  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)

### Promotional Materials:

- Program Bookmark  English  Spanish
- Colon Cancer Brochure  English  Spanish

### \*\* Effective July 2013 some forms are **ONLY** available online:

[www.dhhs.ne.gov/publichealth/Pages/womenshealth\\_ewm\\_ewmproviders.aspx](http://www.dhhs.ne.gov/publichealth/Pages/womenshealth_ewm_ewmproviders.aspx)

- Provider Manual, 2014 (New Edition)
- Income Eligibility Scale (2014-2015)
- 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)