

# PAYMENT STATUS FORM

State of Nebraska, Department of Health and Human Services  
 Office of Women's Health  
 Every Woman Matters Program (EWM)  
 Nebraska Colon Program (NCP)  
 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://dhhs.ne.gov/EWM>



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

<b>PROVIDER NAME:</b>
<b>Name of Contact Person:</b>
<b>Telephone Number:</b>
<b>Fax Number:</b>

**COMPLETE THIS SECTION IF YOU HAVE A CHECK AND NEED BACK-UP FOR THAT CHECK  
 THE DOCUMENT(S) WILL BE FAXED TO YOU**

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

**COMPLETE THIS SECTION IF YOU HAVE BACK-UP BUT HAVE NOT RECEIVED THE CHECK  
 OR CANNOT IDENTIFY AN ELECTRONIC FUNDS TRANSFER FOR THE BACK-UP**

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

To be completed by EWM Staff:

<b>Date Received:</b>	<b>Date Completed:</b>	<b>By:</b>
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