

Every Woman Matters



Provider Materials Reorder Form

Version October 2016

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

E-mail: dhhs.ewm@nebraska.gov

Website: www.dhhs.ne.gov/womenshealth

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 attach 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) | |

* materials also available for download at <http://dhhs.ne.gov/EWMforms>

Promotional Materials:

- | | | |
|-----------------------|-------------|-------------|
| Program Bookmark | ___ English | ___ Spanish |
| Colon Cancer Brochure | ___ English | ___ Spanish |

** Effective July 2013 some forms are **ONLY** available online:
<http://dhhs.ne.gov/EWMforms>

- Provider Manual, 2014 (Most Recent Edition)
- Income Eligibility Scale (2016-2017)
- 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)