Treatment Funds Request

Version: November 2015

In order for your client to access Medicaid or other treatment resources this form must be complete. The following documents are required to initiate the process for financial assistance. Please write in the dates below when the forms/report were sent.

Treatment Funds Request Form completed by provider on:	Date _____/_____/_____
Breast/Cervical Diagnostic Enrollment, Follow Up and Treatment Plan completed by provider on:	Date _____/_____/_____
Pathology Report sent on:	Date _____/_____/_____

For more information see Page 37-39 of the EWM Program Provider Contract Manual.

Client Information

First Name	Middle Initial	Last Name	Maiden Name

Birthdate	Social Security #	Home/Cell Phone *circle one*	Work Phone
/ /		( )	( )

Address	City	County	State	Zip

In what state was the client born: _____

Primary Language? ❑English ❑Spanish ❑Vietnamese ❑Other _____

Is the client a U.S. Citizen? ❑Yes ❑No

If no, what is the client's immigration status? _____

(Please attach a copy of the client's INS papers, if available)

Eligibility:

Medicare: ❑Yes ❑No
Medicaid: ❑Yes ❑No
Private Insurance: ❑Yes ❑No

If yes, list name of insurance company: _____

Diagnostic Test: _____
Diagnostic Test Date: _____/_____/_____
Result: ❑CIN II ❑CIN III
❑Cancer in situ *(breast or cervical)*
❑Invasive cancer *(breast or cervical)*

Treatment: _____
Scheduled Date: _____/_____/_____
Performed Date: _____/_____/_____

Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment.

SURGEON/CLINIC: _____ Phone: (_____)_____
Contact Person: _____ Fax: (_____)_____

Referred By/Clinic: _____ Phone: (_____)_____
Contact Person: _____ Fax: (_____)_____

See reverse of this form for Points of Importance.

Points of Importance

- **Federal law now requires that all clients applying for Medicaid Treatment must send a copy of their driver's license or photo ID. If the client was not born in Nebraska they need to send a copy of their birth certificate also. If the client was not born in the United States the client will need to send a copy of their Naturalization papers, Citizenship papers, or Permanent Resident Card. Please do not send the original.**

- The Treatment Funds Request Form must be completed, for all clients accessing Nebraska Medicaid.

- Clients must be enrolled and diagnosed with breast or cervical precancer or cancer in the Every Woman Matters program and a pathology report confirming diagnosis must be submitted.

- Clients must complete and submit the Breast and Cervical Cancer Medicaid Supplement Form initiated by EWM staff.

- EWM Case Managers may work with providers and clients to complete the required forms as needed.

- Clients who receive Medicaid for cervical dysplasia are eligible for Medicaid for 60 days.

- Clients treated for cervical dysplasia most likely will not receive a Medicaid **card** due to the short time frame they are on Medicaid.

- Clients who receive Medicaid for breast or cervical cancer cannot be older than 64 years of age.

- Clients receiving Medicaid for breast cancer or invasive cervical cancer are eligible for Medicaid for six (6) months. Medicaid may extend this period if the client is still receiving treatment for breast cancer. The provider will need to subit a letter to Medicaid for an extension.

- Nebraska Medicaid issues Medicaid numbers. Every Woman Matters does not issue them.

- To retrieve or verify a client's Medicaid number call **1-800-642-6092**.

- If applicable, Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment funds along with a copy of Client Rights and Responsibilities.

- Clients ineligible for Nebraska Medicaid may be reviewed for eligibility for other treatment dollars.

Nebraska Department of Health and Human Services
Women's and Men's Health Programs, Every Woman Matters
301 Centennial Mall South, P.O. Box 94817
Lincoln, NE 68509-4817
1-800-532-2227
Fax: (402) 471-0913
E-mail: dhhs.ewm@nebraska.gov
Website: www.dhhs.ne.gov/womenshealth

Reasonable accommodations made for persons with disabilities. TDD (800) 833-7352. The Nebraska Department of Health and Human Services provides language assistance at no cost to limited English proficient persons who seek our services.

Funds for this project were provided through the Centers for Disease Control and Prevention Breast and Cervical Early Detection Program, Well Integrated Screening and Evaluation for Women Across the Nation, and Colorectal Cancer Screening Demonstration Program Cooperative Agreements with the Nebraska Department of Health and Human Services. #5NU58/DP003928-04-00, #5NU58/DP004863-03-00