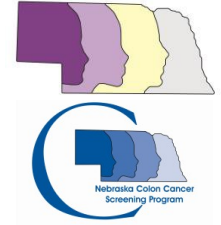


# CLAIM STATUS FORM

NE Department of Health and Human Services || Women’s & Men’s Health Programs  
 Every Woman Matters Program (EWM) || Nebraska Colon Cancer Screening 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  
 Website: <https://www.nebraska.gov/EWM> || Email: [dhhs.ewm@nebraska.gov](mailto:dhhs.ewm@nebraska.gov)

*Every Woman Matters*



**Submit this form by selecting the yellow button at the bottom that says EMAIL FORM**

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>
<b>Email Address:</b>	
<p><b>PLEASE REVIEW your most recent Billing Authorization Report before sending Claim Status Requests</b></p> <ul style="list-style-type: none"> <li>• EWM will not review claims that are less than 60 days from the date of service.</li> <li>• PROCESSED date in the comment section represents the date processed in the EWM system.</li> </ul> <p><b><u>Please allow 45 days from the “PROCESSED” date for State Warrant or Electronic Transfer to issue.</u></b></p> <ul style="list-style-type: none"> <li>• “ELIGIBLE” in the comment section – client is ELIGIBLE for EWM services but no Screening Card has been received from Primary Physician. Services not covered until completed Screening Card has been Received.</li> </ul>	

**PROVIDERS MUST COMPLETE FIRST 5 COLUMNS ...USE A SEPARATE LINE FOR EACH CPT CODE**

(1) Patient Name	(2) DOB	(3) DOS	(4) CPT	(5) Billing Amount	(EWM to complete this Section) <b>COMMENTS</b>

**To be completed by EWM Staff:**

<b>Date Received:</b>	<b>Date Completed:</b>	<b>By:</b>
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Claim Status Form Version 03/2021

This transmission may include protected health information, under the standards established per the Health Insurance Portability and Accountability Act of 1996, and Neb. Rev. Stat., §68-313. If this information has been received in error, the recipient is directed to return to sender or destroy the information and notify this office of the error immediately. Failure to do so may lead to civil or criminal penalties.

**EMAIL FORM**