

PAYMENT STATUS FORM

Every Woman Matters



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

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.

PROVIDER NAME:	
Name of Contact Person:	
Telephone Number:	Fax Number:
Email Address:	

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

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

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:

Date Received:	Date Completed:	By:
-----------------------	------------------------	------------

Payment Status Form 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