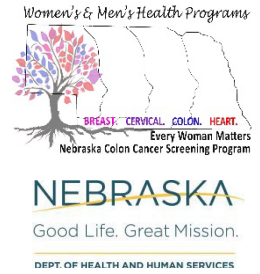


# PAYMENT STATUS FORM

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)



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>	

- COMPLETE THIS SECTION IF YOU HAVE A CHECK AND NEED BACK-UP DOCUMENTATION FOR THAT CHECK
- DOCUMENT(S) WILL BE EMAILED OR FAXED 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:

<b>Date Received:</b>	<b>Date Completed:</b>	<b>By:</b>
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10/2024