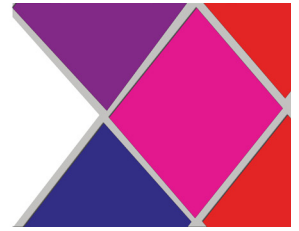


# STI/STD Assistance Checklist



1. **Females and Males ages 18 and up** in need of an STI/STD testing assistance.
2. **STI/STD Assistance Form** completed in its entirety
  - Incomplete forms will be returned to the provider office
3. Client is a **Nebraska Resident**
4. **Medical Release Form** is **signed and dated** by patient (this includes client listing their date of birth and printing their name).
5. **Services provided:**
  - Office Visit is the only service that is reimbursable.
  - General clinical services can be provided at the same time as STI/STD testing, however, there is no additional reimbursement outside of the office visit.
  - Page 3 to be completed by provider.

