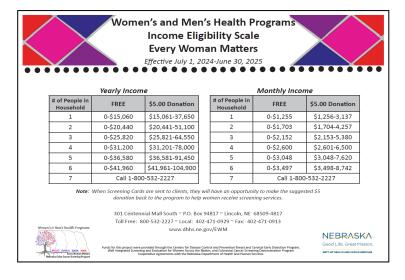
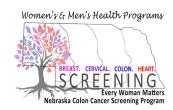
## QUICK REFERENCE GUIDE FOR PROVIDERS

Qualifying Criteria Guide – STI/STD ASSISTANCE	
Gender:	Females and Males
Age:	18+
Residency:	Must be a Nebraska Resident
Health Status:	Client must need STI/STD Assistance The only reimbursable service using the STI/STD Assistance Form is an OFFICE VISIT.
Forms:	STI/STD Assistance Form (https://dhhs.ne.gov/EWMForms) Only forms printed 2024 are accepted (Date found in upper right-hand corner)
Enrollment:	<ol> <li>Complete STI/STD Assistance Form (Incomplete forms will be returned)</li> <li>Clinic to follow guidance regarding presumptive eligibility.</li> <li>Page 3 to be completed by clinic: 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.</li> <li>Send completed form to Women's and Men's Health Program (WMHP)</li> </ol>

Please call **800-532-2227** to speak with a program Nurse regarding completion of the STI/STD Assistance Form or to answer questions.





PO. Box 94817 Lincoln, NE 68509 Toll Free: 800-532-2227 Fax: 402-471-0913 dhhs.ewm@nebraska.gov

10/2024