

FAX REFERRAL FORM



Step one of this form can be filled out online and printed for the patient to fill out the remainder.

1

Provider Information

CLINIC NAME

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER

PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)

If HIPAA covered, the provider will receive a fax back report on the patient's Quitline status (enrolled, unreachable, declined services)

YES NO DON'T KNOW

Patient Information

PATIENT NAME

DATE OF BIRTH

GENDER

MALE FEMALE

ADDRESS

CITY

ZIP CODE

PHONE NUMBER

HOME WORK CELL

LANGUAGE PREFERENCE (PLEASE CHECK ONE)

ENGLISH SPANISH OTHER

CHECK IF PATIENT IS CURRENTLY PREGNANT

DO YOU REQUIRE ACCOMMODATION WHILE PARTICIPATING IN THE PROGRAM SUCH AS TTY, TRANSLATOR OR RELAY SERVICE?

NO YES IF YES, PLEASE SPECIFY

Insurance Information

NON-MEDICAID (PLEASE SPECIFY)

MEDICAID (Heritage Health) (PLEASE CHECK ONE) MAGELLAN NEBRASKA TOTAL CARE UNITED HEALTH CARE HEALTHY BLUE

Nebraska Medicaid Eligibility (PLEASE CHECK ONE) STANDARD MEDICAID HERITAGE HEALTH ADULT - PRIME HERITAGE HEALTH ADULT - BASIC
(Basic tier not eligible for OTC products)

PATIENT MEDICAID ID # (11 DIGITS/NO LETTERS):

If a prescription has been written for a Medicaid patient, please check **ONLY ONE** product: (if more than one product checked, referral form will be returned to provider)

Nicotine Gum Nicotine Patch Nicotine Lozenge Nicotine Inhaler Nicotine Nasal Spray Varenicline (Chantix) Bupropion (Zyban)
Basic Medicaid Plan does not cover these over-the-counter medications.

2

YES NO I give my permission to the Nebraska Tobacco Quitline to leave a message when contacting me at the number(s) provided above.

I give my permission to the Nebraska Tobacco Quitline to share information with my provider for the purposes of my health care treatment.

MEDICAID PATIENTS ONLY: I give my permission to the Nebraska Tobacco Quitline to share information with my Heritage Health providers for the purposes of my health care treatment.

SIGNATURE: _____ PATIENT GUARDIAN PARENT DATE: ____/____/____

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Fax to the Quitline: 1-800-261-6259

DATE SENT: ____/____/____

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Nebraska Department of Health and Human Services Notice of Nondiscrimination and Program Accessibility

This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 (Sec. 504), and Section 1557 of the Affordable Care Act (ACA/Sec. 1557).

The Nebraska Department of Health and Human Services (DHHS) is committed to providing equal access to employment, programs, service, activities and benefits to qualified individuals with disabilities. DHHS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, sex, or disability in admission to its programs, services, or activities; in access to them; in treatment of individuals with disabilities; in provision of benefits, in its hiring or employment practices, or in any aspect of their operations.

DHHS will generally, upon request, provide appropriate aids and services leading to effective communication for qualified individuals with disabilities so that they can participate equally in DHHS's programs, services and activities. This includes qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, and other formats). Free language services are available to people whose primary language is not English, such as qualified interpreters and information written in other languages. Any individual who requires an auxiliary aid or service for effective communication related to any DHHS program, service or activity should contact the ADA, Sec. 504, and ACA/Sec. 1557 Compliance Coordinator.

DHHS will make reasonable modifications to policies and programs to ensure that individuals with disabilities have an equal opportunity to enjoy all of its programs, services, activities, and benefits. Any individual who requires a modification to a policy or program should contact the ADA, Sec. 504, and ACA/Sec. 1557 Compliance Coordinator.

Any complaint that a DHHS program, service or activity is not accessible to individuals with disabilities, or has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, should be directed to the ADA, Sec. 504, and ACA/Sec. 1557 Compliance Coordinator. You can file an ACA/Section 1557 complaint in person or by mail, fax, or email. If you need help filing a complaint the ADA, Sec. 504, and ACA/Sec. 1557 Coordinator is available to help you.

The ADA and ACA do not require DHHS to take any action that would fundamentally alter the nature of its programs or services, or impose any undue financial or administrative burden upon DHHS. Questions, complaints or requests for additional information regarding the ADA, Section 504, and ACA/Sec. 1557 may be forwarded to the designated ADA, Section 504, and ACA/Section 1557 Compliance Coordinator:

Grant Dugdale
ADA, Sec. 504, and ACA/Sec. 1557 Compliance Coordinator
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509
Phone: (402) 471-7242

You can also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

This notice is available in large print or in audio by contacting the ADA, Sec. 504, and ACA/Sec. 1557 Coordinator.