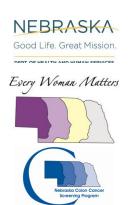
CLAIM STATUS FORM

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



The document will be reviewed and returned within 2 working days.

PROVIDER NAIVIE:					
Name of Contact Person:					
Telephone Number:	Fax Number:				
Email Address:					
 PLEASE REVIEW your most recent Billing Authorization Report before sending Claim Status Requests EWM will not review claims that are less than 60 days from the date of service. PROCESSED date in the comment section represents the date processed in the EWM system. Please allow 45 days from the "PROCESSED" date for State Warrant or Electronic Transfer to issue. 					

PROVIDERS MUST COMPLETE FIRST 5 COLUMNS ... USE A SEPARATE LINE FOR EACH CPT CODE (1) (2) (3) (4) (5) Billing Amount COMMENTS COMMENTS

To be completed by EWM Staff:						
Date Received:	Date Completed:		pleted:		By:	
					Clai	m Status Form Version 02/2022