## **PAYMENT STATUS FORM**

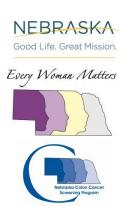
NE Department of Health and Human Services | | Women's & Men's Health Programs Every Woman Matters Program (EWM) | | Nebraska Colon Cancer Screening Program (NCP) 301 Centennial Mall South | | PO Box 94817 | | Lincoln, NE 68509-4817

PHONE: 1-800-532-2227 or 402-471-0929 || Fax: 402-471-0913

**PROVIDER NAME:** 

Name of Contact Person:

Website: https://www.nebraska.gov/EWM || Email: dhhs.ewm@nebraska.gov



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

Telephone Number:		Fax Number:	Fax Number:			
Email Address:						
COMPLETE THIS SECTION IF YOU HAVE A CHECK AND NEED BACK-UP FOR THAT CHECK THE DOCUMENT(S) WILL BE EMAILED TO YOU						
PAYEE	CHECK NUMBER	INVOICE NUMBER (FOUND ON CHECK STUB)	Check Amount			

	INVOICE NUMBER	DOCUMENT NUMBER	COMMENTS	
PAYEE	(FOUND ON UPPER RIGHT-HAND CORNER OF DOCUMENT)		(EWM to complete this section)	

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To be completed by EWM Staff:				
Date Received:	Da	ate Completed:	By:	

Payment Status Form 02-2022