FORMS FOR HEALTH-CARE PROVIDERS

Forms for Health-Care Providers

Client Enrollment and Other Forms

Enrollment Forms

The following forms are used when a health-care provider or health-care facility enrolls a woman in *Women's Way*.

- Eligibility Determination form
- Demographics form, SFN 54024
- Authorization for Disclosure form, SFN 54044
- HIPAA – Notice of Privacy Practices form – per local protocol
- Welcome letter
- New Client Survey form

Other Forms

- Documentation of In-Kind Support form, SFN 51102

Screening and Diagnostic Forms

The following paper forms need to be completed and returned to the *Women's Way* local coordinator within 30 days of screening and diagnostic services. If you have any questions, call 800.449.6636.

- Intake and Visit Summary form, SFN 51771
- Breast Diagnostic Results form, SFN 51772
- Cervical Diagnostic Results form, SFN 52197

Medicaid – *Women's Way* Treatment Program Forms

The following forms are used to verify diagnosis of breast or cervical cancer or cervical pre-cancer and completion of treatment. These forms need to be completed and returned to the *Women's Way* local coordinator. If you have any questions, call 800.449.6636.

- Verification of Diagnosis form, SFN 52957
- Completion of Treatment form, SFN 52956

Health-Care Provider Enrollment Forms

The following forms are used when a health-care provider or health-care facility enters into a Provider Cooperative agreement with the North Dakota Department of Health in order to be reimbursed for breast and cervical cancer screening services. To become a *Women's Way* provider, contact the *Women's Way* state office at 800.280.5512.

- Instructions for Completing Application for Provider Enrollment and Provider Cooperative Agreement
- Application for Provider Enrollment (two pages)
- Quality Assurance Form for Mammography Facilities
- Quality Assurance Form for Cytology Laboratories
- Quality Assurance Form for Medical Providers
- Checklist
- Provider Cooperative Agreement form, SFN 51162