

# FAX REFERRAL FORM



Fax Number: 1-800-483-3114

Date Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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)

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

### For Heritage Health (Medicaid) patients only:

PLEASE SELECT HEALTH PLAN:

MAGELLAN

NEBRASKA TOTAL CARE

UNITED HEALTH CARE

WELLCARE

PATIENT MEDICAID ID # (11 digits):

\_\_\_\_\_  
INITIAL I am ready to quit tobacco and request the Nebraska Tobacco Quitline contact me to help me with my quit plan.

\_\_\_\_\_  
INITIAL I give my permission to the Nebraska Tobacco Quitline to leave a message when contacting me at the number(s) provided above.

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

\_\_\_\_\_  
INITIAL 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.

The Nebraska Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

6AM – 9AM

9AM – 12PM

12PM – 3PM

3PM – 6PM

6PM – 9PM

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Confidentiality Notice: This facsimile contains confidential information.**

If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. **Do not review, disclose, copy, or distribute.**

**If a prescription has been written for a Medicaid patient, please check the product:**

Nicotine Gum: \_\_\_\_\_

Nicotine Patch: \_\_\_\_\_

Nicotine Lozenge: \_\_\_\_\_

Varenicline: (Chantix) \_\_\_\_\_

Bupropion: (Zyban) \_\_\_\_\_

Nicotine Nasal Spray: \_\_\_\_\_

Nicotine Inhaler: \_\_\_\_\_

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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:

Robin Hadfield, 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) 471-7241

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.