NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services
Medically Handicapped Children's Program

CLINIC BILLING DOCUMENT

OFFICE USE ONLY BILL ID #

Provider Name	Payee ID #	Date
Address	Contact Email Address	
City/State/Zip	Contact Phone Number	
Provider(s) Attending Clinic		

Clinic billings must be submitted within 60 days of first date of service.

Clinic Name/Location	Provider Attending	Clinic Date	Amount Charged

Provider Signature	Date	Total Amount Due

Submit billing documents to:
Email: DHHS.MHCP@nebraska.gov
Fax: (402) 328-6219

Mail: Medically Handicapped Children's Program
Attn: Payment Reviewer
PO Box 95026
Lincoln, NE 68509-5026