



Health Net®

Daim Foos Thov Kev Kho Mob Mus Ntxiv

- Medi-Cal Plan: 1-818-676-6654 (fax) los yog 1-818-676-5161 (fax)
Cal MediConnect Plan: 1-866-922-0783 (fax)

Hnub no yog hnub tim: _____

Yuav tsum sau daim foos no kom tiav txhij hlo es kev lis ntaub ntawv rau koj thiaj li tsis qeeb. Thov koj tes xuas cwj mem sau rau xwb.

Form with fields for: Tus neeg mob lub npe (lub xeem, lub npe, lub npe ua si (Npe Ua Si (MI))), Tus neeg mob tus nab npawb xov tooj hu rov qab, Health Net ID #, Tus neeg mob li chaw nyob (txoj kev, lub nroog, TUS ZIV KHAUJ (ZIP)), Tus neeg mob thawj tus kws kho mob uas pom zoo muab rau, Tus neeg mob lub hnub yug (mm/dd/yyyy)

Koj muaj cai rov mus ntsib koj tus kws kho mob uas tsis koom lag luam nrog Health Net. Peb yuav tshab xyuas koj daim foos thov cov txiaj ntsim Kev Kho Mob Mus Ntxiv raws li koj qhov kev tau txais kev pab them nqi kho mob.

Form with fields for: Lub npe tus kws kho mob uas tus neeg mob sau daim foos thov cov kev kho mob mus ntxiv, Tus kws kho mob li chaw nyob (txoj kev, lub nroog, TUS ZIV KHAUJ (ZIP)), Tus kws kho mob tus nab npawb xov tooj, Teem caij mus ntsib lwm zaus rau hnub tim, Vim li cas thiaj li teem caij mus ntsib, Tus kws kho mob uas koj sau daim foos thov kev kho mob mus ntxiv ntawd puas tau muaj ntawv cog lus koom lag luam nrog Health Net, Tus kws kho mob uas koj sau daim foos thov kev kho mob mus ntxiv ntawd puas tau muaj ntawv cog lus koom lag luam nrog pawg neeg kho mob uas peb pom zoo muab rau, Tus kws kho mob puas tau mus ntsib tus neeg mob yam tsawg yog ib zaug nyob rau 12 lub hlis dhau los, Thov qhia rau peb paub tias yog vim li cas tus neeg mob thiaj li xav tau nws (tus kws kho mob ntawd) qhov kev kho mob. Sau hom (cov) kev kho mob uas nws (tus neeg mob ntawd) xav thov rau qhov no, Tus neeg mob kos npe rau los yog sau lub npe tus sawv cev ntawm Health Net uas lis txog daim foos thov rau qhov no, Tus neeg mob tus mob, Tus neeg mob tus zauv zais CPT

Cov neeg mob muaj cai thov kom lawv tus kws kho mob pab sau lawv cov lus qhia rau. Sau daim foos kom tiav txhij hlo thiab muab xa mus rau Health Net.

Qhov chaw xa ntawv:

Health Net - Coordination of Care Unit
PO Box 10422, VanNuys, C A 91410-0422

Fax #:

Medi-Cal: 1-818-676-6654 los yog 1-818-676-5161
Cal MediConnect: 1-866-922-0783

Yog koj muaj lus nug dab tsi, thov koj hu rau Health Net qhov chaw Thawj Fab Saib Xyuas cov Kev Pab Cuam Rau Tswv Cuab tus xov tooj ntawm:

Lub koom haum Health Net Community Solutions, Inc. yog ib txoj kev npaj ntsig txog kev noj qab haus huv uas muaj ntawv cog lus koom lag luam nrog Medicare thiab Medi-Cal ob qho tib si txhawm rau muab cov txiaj ntsim ntawm ob qho khoos kas no coj los pab rau cov neeg uas tuaj sau npe siv. Lub koom haum Health Net Community Solutions, Inc. yog ib lub koom haum me uas ncau los ntawm lub koom haum Health Net, Inc. Health Net yog lub koom haum Health Net, Inc qhov cim lag luam uas muaj npe teev tseg raug raws kev cai li choj. Txwv tsis pub yuam tag nrho cov cai.

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Cal MediConnect: Los Angeles 1-855-464-3571

San Diego: 1-855-464-3572

Medi-Cal: 1-800-675-6110

TTY: Cov tswv cuab txhua tus uas siv TT Y hu tau rau 711

Yog xav paub txog lus qhia ntxiv, nkag mus saib hauv www.healthnet.com.

Multi-Language Insert

Multi-language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Chinese Mandarin: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

Chinese Cantonese: 注意：如果您說中文，您可獲得免費的語言協助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بالرقم 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Hindi: ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). पर कॉल करें।

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。まで、お電話にてご連絡ください。

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակազմակերպչական ծառայություններ: Չանգահարեք 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ।

Laotian: ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາອັງກິດ, ການຊ່ວຍເຫຼືອດ້ານພາສາທີ່ບໍ່ເສຍຄ່າມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Health Net Cal MediConnect Nondiscrimination Notice

Health Net Community Solutions, Inc. (Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net Cal MediConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net Cal MediConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Health Net Cal MediConnect Customer Contact Center at 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Health Net Cal MediConnect has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; the Health Net Cal MediConnect Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for 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, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.