



ለጽሀፈት ቤቱ አገልግሎት ብቻ የታካሚ ዓይነት _____
 የ W/O \$ መጠን _____
 S/A ወጠቶች:- _____ h/h \$ _____
 ተቋም _____
 የአካወንት ቁጥር _____
 ህክምናዊ የመዝገብ ቁጥር _____

I. የታካሚዎች ስነ-ህዝባዊ መረጃዎች

የታካሚ ስም:- _____
 (የ መጨረሻ) (የ መጀመሪያ) (መካከለኛ)

 (የ ማህበራዊ ዋስትና ቁጥር) (የ ተወላዳብት ቀን)

የተያዥ ስም:- _____
 (የ መጨረሻ) (የ መጀመሪያ) (መካከለኛ) (የ ማህበራዊ ዋስትና ቁጥር) (የ ተወላዳብት ቀን)

አድራሻ:- _____
 (ኃዳና) (ከተማ) (ስቴት) (ዚፕ ኮድ)

 (ስልክ)

ከዚህ ቀደም ለማንኛውም የ Novant Health, Inc. ተቋም (ለምሳሌ፡ ኖቫንት ሜዲካል ግሩፕ (Novant Medical Group)፣ ፕሪስብያትዮን ሆስፒታል (Presbyterian Hospital)፣ ብሩንስዊክ ኮሙኒቲ ሆስፒታል (Brunswick Community Hospital)፣ ቶማስ ቪልያ ህክምና ማእከል (Thomasville Medical Center)፣ ፎርስዮርት ህክምና ማእከል (Forsyth Medical Center)፣ ወዘተ) የገንዘብ አገዛ ለማግኘት ማመልከቻ አስገብተዋል? _____ አዎ _____ የለም።
መልስዎ አዎ ከሆነ፣ ማመልከቻዎ ስን ስን ስን ወይንም ተቀባይነት ያገኙበት ቀን? _____

II. ቤተሰብ-ነክ መረጃ

የትዳር ሁኔታ (አንድ ያልሆነ)	የገባ/ች	የላገባ/ች	የተፋታ/ች	በአንድ ቤተሰብ ውስጥ የሚኖሩ ሰዎች ጠቅላላ ቁጥር
የጥገኛ(ኞች) ስም	ጥገኛው የተወለደበት ቀን			

III. የስራ ሁኔታዎች

የታካሚ/ተያዥ ስም:- _____
 ጠቅላላ ወርሀዊ ገቢ \$ _____
 የገቢ ምንጭ ለባዘዎ የሥራ ሁኔታዎ ማህበራዊ ማረጋገጫ ወይንም ማህበራዊ ያያያይዙ _____
 የባለቤት ወይንም ሌላ የገቢ ምንጭ ጠቅላላ ወርሀዊ የገቢ መጠን \$ _____
 ጠቅላላ የቤተሰብ አመታዊ ገቢ \$ _____
 ገቢ ከሌለዎት፣ ኑሮዎን እንዴት ነው የሚገኙዎት? _____
 ያልተዘጋ የባንክ ሂሳብ ደብተር አለዎት? _____ ባለፈው አመት ግብር ከፍለዋል? _____

IV. የመድሀን ሽፋን ማረጋገጫ

አሰሪዎ የጠና መድሀን ሽፋን ይሰጣል?	አዎ	የለም
የጠና መድሀን ሽፋን አለዎት?	አዎ	የለም
የመድሀን ኩባንያው ስም:-		
ስራ አለዎት?	አዎ	የለም

ባለፉት 90 ቀናት ውስጥ ስራ አጥከሁኑ፣ እባክዎ:-
 የመጨረሻ አሰሪዎን ስምና የስራ ቀናት ይግለጹ:-
 አሰሪዎ የሚከፍለውን የመድሀን ሽፋን አቅራቢ ኩባንያ ስም ይግለጹ:-
 የ COBRA ጥቅማጥቅሞች ለማግኘት ብቁ ነዎት?

እኔ እስከ ማወቅ ድረስ የተሰጠው መረጃ እውነተኛ መሆኑን አረጋግጣለሁ። የወሻት ወይንም የተሳሳተ መረጃ ከሰጠሁ ካማንኛውም የገንዘብ አገዛ እንደምሰረዝ አውቃለሁ። የቀረበው መረጃን ለማረጋገጥ ጥናት ክፍያ ለመጠየቅ ለመሳሰሉት የሚያስፈልግ ማንኛውም መረጃ፣ የፈደራልና የስቴት ህጎችን በተከተለ መልኩ ጥቅም ላይ እንዲውል ፈቅጃለሁ። ማንኛውም ወሳኔ ክስ ለመፍታት የገቢ ማረጋገጫ ማቅረብ የግድ ሊሆን ይችላል። ተቀባይነት ያለው የገቢ ማረጋገጫ የሚከተሉትን ሊያጠቃልል ይችላል፡- የክፍያ ሾክ ቁራጭቆጃ (copy of paycheck stubs)፣ የባለፈው አመት የግብር ተመሳሽ ቅጂ፣ ወይንም በአሁኑ ጊዜ የሚከፈልዎት ደምዘና የስራ ሰነዶች የሚሰጡ ደብዳቤ ከአሰሪዎ።

የታካሚ/ተያዥ ስም:- ቀን:- _____
 % የፈደራል የድህነት ደረጃ:- _____ በሚከተለው ላይ የተመሰረተ ወሳኔ:- _____
 አስተያየት/ማጠቃለያ:- _____

የቃለ መጠይቅ አድራጊ ፊርማ		ቀን:-		
የሀላፊ ፊርማ		ቀን:-	ጸደቀ	ወድቅ ሆነ
የዳይሬክተር ፊርማ		ቀን:-	ጸደቀ	ወድቅ ሆነ
የEVP/ምክትል ፕሬዚዳንት ፊርማ		ቀን:-	ጸደቀ	ወድቅ ሆነ

Notice of nondiscrimination

Novant Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Novant Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Novant Health:

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

If you need these services, please contact Novant Health interpreter services toll-free at 1-855-526-4411, then select option 3. TDD/TTY: 1-800-735-8262.

If you believe that Novant Health has not provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient services department
Attn: Section 1557 coordinator
200 Hawthorne Lane
Charlotte, NC 28204

Telephone: 1-888-648-7999 (toll-free)
TDD/TTY: 1-800-735-8262

NovantHealth.org/home/contact-us.aspx

You may file a grievance by mail, in person at the Novant Health facility where care was provided, or by submitting the form at the link above. If you need help filing a grievance, call toll-free, 1-888-648-7999 or TDD/TTY 1-800-735-8262.

You may 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 online at 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 hhs.gov/ocr/office/file/index.html

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-855-526-4411. Select option 3. TDD/TTY: 1-800-735-8262.



Notice of nondiscrimination

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繁體中文 (Chinese)	注意：您可以享受免費的語言協助服務。請撥打1-855-526-4411。選擇選項3。TDD/TTY：1-800-735-8262。
Tiếng Việt (Vietnamese)	CHÚ Ý: Có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi 1-855-526-4411. Chọn tùy chọn 3. TDD/TTY: 1-800-735-8262.
한국어 (Korean)	주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-855-526-4411 번으로 전화하십시오. 옵션 3을 선택하십시오. TDD/TTY: 1-800-735-8262.
Français (French)	IMPORTANT : Des services d'assistance linguistique gratuits sont à votre disposition. Appelez le +1 855 526 4411. Sélectionnez l'option 3. Dispositif de télécommunication pour sourds et malentendants : +1 800 735 8262.
العربية (Arabic)	ملاحظة: خدمات المساعدة اللغوية المجانية متاحة لك. اتصل على الرقم 1-855-526-4411. اختر الخيار 3. جهاز الاتصال الكتابي/الهاتف النصي: 1-800-735-8262.
Русский (Russian)	ВНИМАНИЕ: Для вас доступна бесплатная услуга языковой поддержки. Позвоните по телефону 1-855-526-4411. Выберите вариант 3. Текстовый телефон/телетайп: 1-800-735-8262.
Tagalog (Tagalog – Filipino)	ATENSYON: May mga libreng serbisyo ng tulong sa wika na available sa iyo. Tumawag sa 1-855-526-4411. Piliin ang opsyon 3. TDD/TTY: 1-800-735-8262.
فارسی (Farsi)	برائے توجہ: 1-855-526-4411 خدمات ترجمہ بہ طور رایگان در اختیار تان قرار دارد. با شماره 1-855-526-4411 را انتخاب کنید. تماس بگیرند. گزینه TDD/TTY: 1-800-735-8262
አማርኛ (Amharic)	ማሳሰቢያ:- የጥንቁ አርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ 1-855-526-4411 ላይ ይደውሉ። አማራጭ 3ን ይምረጡ። TDD/TTY:- 1-800-735-8262.
Deutsch (German)	HINWEIS: Es stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Wählen Sie +1 855 526 4411. Wählen Sie Option 3 aus. TDD/TTY: 1 800 735 8262.
اُردُو (Urdu)	برائے توجہ: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-855-526-4411 پر فون کریں۔ اختیار 3 چنیں۔ TDD/TTY: 1-800-735-8262
हिंदी (Hindi)	ध्यान दें: आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-526-4411 को कॉल करें। विकल्प 3 चुनें। TDD/TTY: 1-800-735-8262.
ગુજરાતી (Gujarati)	સાવધાન: તમારા માટે ભાષા સહાય સેવાઓ, વિના મૂલ્યે, ઉપલબ્ધ છે. 1-855-526-4411 પર કોલ કરો. વિકલ્પ 3 પસંદ કરો. TDD/TTY: 1-800-735-8262.
বাংলা (Bengali)	মনোযোগ দিন: আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা লভ্য আছে। 1-855-526-4411 নম্বরে ফোন করুন। বিকল্প 3 নির্বাচন করুন। TDD/TTY: 1-800-735-8262।

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
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Patient services department
Attn: Section 1557 coordinator
200 Hawthorne Lane
Charlotte, NC 28204

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You may 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 online at 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)
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Tagalog (Tagalog – Filipino)	ATENSYON: May mga libreng serbisyo ng tulong sa wika na available sa iyo. Tumawag sa 1-855-526-4411. Piliin ang opsyon 3. TDD/TTY: 1-800-735-8262.
فارسی (Farsi)	برائے توجہ: 1-855-526-4411 خدمات ترجمہ بہ طور رایگان در اختیار تان قرار دارد. با شماره 1-855-526-4411 را انتخاب کنید. تماس بگیرند. گزینه TDD/TTY: 1-800-735-8262
አማርኛ (Amharic)	ማሳሰቢያ:- የጥንቃቄ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ 1-855-526-4411 ላይ ይደውሉ። አማራጭ 3ን ይምረጡ። TDD/TTY:- 1-800-735-8262.
Deutsch (German)	HINWEIS: Es stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Wählen Sie +1 855 526 4411. Wählen Sie Option 3 aus. TDD/TTY: 1 800 735 8262.
اُردُو (Urdu)	برائے توجہ: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-855-526-4411 پر فون کریں۔ اختیار 3 چنیں۔ TDD/TTY: 1-800-735-8262
हिंदी (Hindi)	ध्यान दें: आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-526-4411 को कॉल करें। विकल्प 3 चुनें। TDD/TTY: 1-800-735-8262.
ગુજરાતી (Gujarati)	સાવધાન: તમારા માટે ભાષા સહાય સેવાઓ, વિના મૂલ્યે, ઉપલબ્ધ છે. 1-855-526-4411 પર કોલ કરો. વિકલ્પ 3 પસંદ કરો. TDD/TTY: 1-800-735-8262.
বাংলা (Bengali)	মনোযোগ দিন: আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা লভ্য আছে। 1-855-526-4411 নম্বরে ফোন করুন। বিকল্প 3 নির্বাচন করুন। TDD/TTY: 1-800-735-8262।