AdvocateAuroraHealth

DAIM NTAWV CEEB TOOM TXOG MEDICARE COV KEV TUAV POV HWM KOOM THEM RAU COV NEEG MOB SAB NRAUD
(Sab Nraud Ntawm Lub Tsev Kawm Raws Lub Chaw Hauj Lwm Nkaus Xwb*)

Txog rau peb cov neeg mob hauv Medicare:

Medicare cov cai lij choj xav kom peb muab tsab ntawv ceeb toom rau koj txog koj li kev pov hwm rau nyiaj txiag uas yuav muaj tau rau cov kev pab cuam hauv tsev kho mob uas koj yuav tau txais.

Peb yuav tsum tau qhia koj tias vim yog cov kev pab cuam raug muab los ntawm lub chaw hauj lwm

_____, koj yuav tau lav rau kev tuav pov hwm koom them rau lub tsev kho mob
(Hospital Name)
uas tej zaum yuav yog txawv dua li kev lav ris rau tuav pov hwm koom them koj yuav tau them yog tias cov kev pab cuam tau muab rau hauv ib lub chaw uas tsis yog lub tsev kho mob tau hais tseg. Nyob rau lub sij hawm no, peb tuaj yeem muab cov ntaub ntawv hauv qab no rau koj kwv yees tus nqi ntawm koj li kev tuav pov hwm koom them:

☐ Koj li kev tuav pov hwm koom them rau cov kev pabcuam hauv tsev kho mob yog *kwv yees li*yuav yog $ _____ raws li peb cov ntaub ntawv tam sim no hais txog cov kev pab cuam uas tau teem tseg.

☐ Nyob rau lub sij hawm no, vim tias peb tsis paub tias hom twg tiag thiab qhov kev pab cuam zoo li cas uas koj xav tau, peb tab tom muab kev kwv yees rau koj raws li kev mus ntsib ib txwm muaj. $ _____

Tus nqi tiag ntawm koj li kev tuav pov hwm koom them rau lub tsev kho mob tej zaum yuav txawv ntawm qhov kwv yees uas tau hais los saum no. Kev tuav pov hwm tus nqi koom them tiag yuav yog raws cov kev pab cuam uas koj tau txais thiab tseem yuav raug txiav txim zaum kawg los ntawm Medicare lub khoos kas.

Yog tias koj tau sau npe rau hauv lub xeev lub khoos kas pab cuam kev kho mob ntawm (Medicaid) koj li kev tuav pov hwm koom them yuav raug txo los sis tshem tawm los ntawm txoj cai lij choj.

Koj li kev tuav pov hwm koom them rau cov kev pab cuam hauv tsev kho mob yog cais los ntawm Medicare kev lav ris tuav pov hwm koom them uas koj yuav tiv rau ib tus kws kho mob los sis kev pab cuam tshaj lij uas tau muab rau koj nrog rau kev pab cuam hauv tsev kho mob.

Kuv tau nyeem cov ntawv ua ntej thiab nkag siab tias kuv yuav raug lav ris rau tsev kho mob rau Medicare kev pov hwm koom them raws li txoj cai tau tso cai.

_____	_____	_____
Hnub Tim	Lub Sij Hawm	Kos npe ntawm tus neeg mob los sis tus neeg sawv cev uas tau txais kev tso cai

***NOTE FOR CAREGIVERS:** This form is only to be used at off campus hospital-based clinics.

INSTRUCTIONS: Return completed form to Registration for scanning to HAR.

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