

Hnub:

TUS NEEG MOB COV NTAUB NTAWV (Lub Zos Yuav Tsum Sau Tshooj No Kom Tiav)	
TUS NEEG MOB LUB NPE:	TUS NEEG MOB HNUG YUG:
CLIENT INDEX NUMBER (CIN):	

Nyob Zoo Dr. _____

Thov sau rau hauv qab no kom tiav muab nws xa rov qab mus rau lub zos kom txog _____ ntsig txog tus neeg mob muaj npe saum toj saud yog li ntawd peb thiaj tuaj yeem txiav txim txog nws qhov muaj cai tau txais kev pab rau ntawm Medi-Cal. Thov siv lub hnab ntawv uas twb them tus nqi xa ntawv no xa rov qab mus. Tej zaum koj yuav muab cov ntaub ntawv no fej hauv xov tooj mus lossis muab xa hauv email raws li qhov chaw nyob hauv qab no. Koj tus neeg mob twb tso cai cia muab cov ntaub ntawv no tshaj tawm rau peb lawm. Thov saib daim ntawv tso cai ntawm tus neeg mob uas muab tso nrog ua ke tuaj nov.

Tus Neeg Ua Haujlwm Hauv Lub Zos Kos Npe: _____ Hnub: _____

Tus Neeg Ua Haujlwm Hauv Lub Zos Lub Npe: _____

Nab Npawb Xovtooj: _____ Nab Npawb Fej Ntawv: _____

Tus Neeg Ua Haujlwm Hauv Lub Zos Tus Email: _____

Tus Kws Kho mob Daim Ntawv Ua Pov Thawj txog Qhov Kev Saib Xyuas Rau Hauv Tsev thiab Hauv Lub Zos Raws Li Cov
Cai Ntawm Tus Txij Nkawm Tsis Muaj Nyiaj Txaus Them
(Doctor's Verification for Home and Community Based Services Under Spousal Impoverishment Provisions)

TUS KWS KHO MOB COV NTAUB NTAWV	
TUS KWS KHO MOB LUB NPE:	HNUB:
XOV TOOJ:	EMAIL:
Saib raws li kuv qhov tshuaj ntsuam xyuas, kuv tus neeg mob, _____, zoo li yuav tsum raug saib xyuas rau hauv lub tsev tu neeg mob yam tsawg kawg yog 30 hnub ua ke, tshwj tsis yog nws raug saib xyuas hauv tsev thiab raug pab txhawb kom nws nyob tau nyab xeeb rau hauv tsev. Thaum xub thawj kuv tus neeg mob yeej xav kom raug saib xyuas rau hauv lub tsev tu neeg mob rau ntawm _____, thiab nws yeej tseem xav tau kev saib xyuas mus ntxiv suav txij hnub ntawd los txog tam sim no.	
Kuv lees raws li cov kev cai lij choj ntawm Teb Chaw Meskas thiab Lub Xeev California tias cov ntaub ntawv sau tseg rau hauv Tus Kws Kho mob Daim Ntawv Pov Thawj no yeej muaj tseeb thiab raug lawm.	
TUS KWS KHO MOB KOS NPE:	

Hnub:

Tus Neeg Mob Daim Ntawv Tso Cai

Kuv, _____ tso cai rau tus kws kho mob _____
muab cov ntaub ntawv kho mob nyob ntawm daim ntawv foos no tshaj tawm rau Lub Zos _____
txhawm rau lub hom phiaj los npaj saib xyuas kuv qhov muaj cai tau txais kev pab rau ntawm Medi-Cal.

- Kuv tso cai cia muab kuv tus kheej ntiag tug cov ntaub ntawv kev noj qab haus huv siv lossis tshaj tawm rau lub hom phiaj uas tau sau tseg rau saum toj saud.
- Kuv muaj cai thim tau kuv daim ntawv tso cai muab kuv cov ntaub ntawv tshaj tawm. Yog kuv kos npe rau daim ntawv tso cai pom zoo cia muab cov ntaub ntawv siv lossis tshaj tawm, kuv tuaj yeem thim daim ntawv tso cai no tau txhua lub sijhawm. Yuav tsum sau ntawv mus thim thiab yuav tsis cuam tshuam txog cov ntaub ntawv uas twb yeej muab siv lossis tshaj tawm ua ntej lawm.
- Kuv muaj cai tau txais ib daim ntawv theej ntawm daim ntawv tso cai no.
- Kev kos npe rau daim ntawv tso cai no tsuas yog kev yeem dawb xwb thiab kev kho mob, kev them nqi, lossis siv rau kuv qhov muaj cai tau txais cov txiaj ntsig, tej zaum kuv yuav tsis muaj cai tau txais kev pab yog kuv tsis kos npe rau daim ntawv tso cai no.
- Kuv kuj nkag siab tias ib tug neeg uas teev tseg cov ntaub ntawv thiab muab tshaj tawm yuav tsum ua raws li daim ntawv tso cai no, tsis pub muab cov ntaub ntawv kho mob siv lossis tshaj tawm ntxiv, tshwj tsis kuv tau tso cai ntxiv lossis tshwj tsis yog lwm txoj cai lij choj pub muab siv lossis tshaj tawm tau.

KOS NPE: _____ HNUB: _____

Yog tus neeg mob tsis kos npe leej twg thiaj yuav yog tus los tshaj tawm, qhia tus neeg raug tso cai los kos npe:

- | | |
|--|--|
| <input type="checkbox"/> Niam Txiv ntawm Tus Menyuum | <input type="checkbox"/> Tus Neeg Saib Xyuas Menyuum |
| <input type="checkbox"/> Tus Txij Nkawm | <input type="checkbox"/> Tus Neeg Sawv Cev Raug Cai |

Piav qhia txog qhov kev txheeb ze rau tus neeg mob thiab yog vim li cas tus neeg mob thiaj li tsis tuaj yeem kos npe tau:

TUS NEEG UA POV THAWJ: Kuv paub tus neeg kos npe rau daim ntawv no lossis kuv pom zoo rau tus neeg no: (Yuav tsum kos "X", qauv tes, lossis kos npe)

Tus neeg ua pov thawj kos npe: _____ Hnub: _____

Chaw Nyob: _____ Nroog/Zip Code: _____

This general and special authorization to disclose information has been developed to comply with the provisions regarding disclosure of medical and other information under: The Health Insurance Portability and Accountability Act, Section 262(a), 42 U.S.C., Section 1320d-1320d-8 (45 CFR Part 164); 42 U.S.C., Section 290dd-2 (42 CFR Part 2); 38 U.S.C., Section 7332; 20 U.S.C., Section 1232g (34 CFR Parts 99 and 300); and state law, including Civil Code, Section 56.10(b), Welfare and Institutions Code, Section 10850 and 14100.2 and Civil Code, Sections 1798-1798.78.