

<<logo>>

<<Health Net of California, Inc. or delegate name>>

[<<21281 Burbank Boulevard or delegate address 1>>]

[<<Woodland Hills or delegate city>>, <<CA or delegate state>> <<91367-6607 or delegate zip>>

<<Date>>

<<Primary Provider/Facility>>

<<Primary Provider Address 1>>

<<Primary Provider Address 2>>

<<Primary Provider City>>, <<Primary Provider State>> <<Primary Provider Zip>>

**Enrollee name:** <<enrollee name>>  
**Date of birth:** <<enrollee dob>>  
**Enrollee ID:** <<subscriber\_id>><<subscriber dependent num>>  
**Health plan:** Health Net of California, Inc.  
**Facility:** <<primary provider name>>  
**Requested service:** <<CPT code and Descriptions including inpatient days (if any)>>  
**Authorization request:** <<Authorization Number>>

Dear Provider:

Unless the requested service has been rendered to the enrollee listed above, <<Health Net of California, Inc. (Health Net) or delegate name>> rescinds its authorization for coverage of the service, effective immediately. Our decision is based on the enrollee's suspended eligibility with Health Net, effective <<date>>.

Coverage for this enrollee is currently suspended due to his or her nonpayment of premiums. The enrollee's premiums are more than one month past due. Any outstanding authorizations for service provided by Health Net or a delegated entity are no longer valid. There is no further coverage for services rendered until premiums are paid in full. <<Health Net or delegate name>> encourages you to discuss treatment options and financial arrangements directly with your patient.

If you render services to this enrollee while coverage is suspended, the claims will be pended. If the enrollee pays outstanding premiums in full before the end of the three-month grace period, his or her coverage will be reinstated and claims for covered services rendered at any time during the three-month grace period will be processed. If Health Net does not receive payment, coverage is terminated on the last day of the first month of the three-month grace period, and no claims for any services rendered after the first month will be eligible for coverage or payment.

Please be advised that during the time the enrollee's coverage is suspended, a Health Net contracted provider is not contractually required to provide services to this enrollee, and the provider is free to require payment from the enrollee at the time services are rendered.

If you have any questions or concerns regarding this information, please contact <<Health Net or delegate name>> at <<Health Net or delegate telephone>> or the Health Net Provider Services at <<1-800-641-7761>>.

Sincerely,

<Delegated Entity Name>

NOSAUTHHNTYPE4V2  
OTH006457EW00 (3/16)

<<Health Net Medical Management or delegate name>>

cc: <<Requesting Provider>>  
<<Requesting Provider Address 1>>  
<<Requesting Provider Address 2>>  
<<Requesting Provider City>>, <<Requesting Provider State>> <<Requesting Provider Zip>>

<<enrollee name>>  
<<enrollee address 1>>  
<<enrollee address 2>>  
<<enrollee city>>, <<enrollee state>><<enrollee zip>>

Enrollee Enclosures: Notice of Language Assistance (NOLA)  
Enrollee Rights - How to Dispute this Determination

## **Enrollee Rights – How to Dispute this Determination**

If you believe that this determination is not correct, you have the right to appeal the decision by filing an appeal with your health plan. Your health plan requests that you submit your appeal within 365 days from the receipt of this notice. You or someone you designate (your authorized representative) may submit your appeal by telephone, or in writing. You can call your health plan at the Customer Contact Center number listed below to learn how to designate your authorized representative.

In appealing this decision, you may submit written comments, documents, records or other information relevant to your appeal. A full and fair review of your appeal that does not give deference to the denial decision will be conducted. At each level, a person who was not involved in a prior decision and who is not a subordinate of (i.e., directly supervised by) that individual will be appointed to review your appeal.

There are two types of appeals: *standard and expedited*.

### **Standard 30 Day Appeal Process**

A standard appeal will be resolved within 30 days. Please submit a copy of your denial notice and a brief explanation of your appeal, or other relevant information to the address listed below, or call.

### **Expedited 72 Hour Appeal Process**

Your health plan makes every effort to resolve your appeal as quickly as possible. In some cases, you have the right to an expedited appeal when a delay in the decision making might pose an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb, major bodily function, or the normal timeframe for the decision making process would be detrimental to your life, or health or could jeopardize your ability to regain maximum function.

If you request an expedited appeal, your health plan will evaluate your appeal and health condition to determine if your appeal qualifies as expedited. If so, your appeal will be resolved within 72 hours. If not, your appeal will be resolved within the standard 30 days.

You or someone you designate may submit your expedited appeal verbally or in writing. Specifically state that you want an expedited appeal or that you believe your health might be seriously jeopardized by waiting for the standard appeal process. Your health plan will make a decision on your expedited appeal and will notify you in writing of the decision within 72 hours of receiving your appeal.

### **For Standard or Expedited Appeals**

Customer Contact Center: **1-800-522-0088** / Hours: Mon.-Fri, 8:00am – 6:00pm PST.

Mailing Address: **Health Net of California, Inc.**  
For Expedited (only): **Attn: Expedited Enrollee Appeals**  
Appeals & Grievances Department  
P.O. Box 10348, Van Nuys, CA 91410-0348

TTY/TDD: 1-800-995-0852 (*telephone for the hearing impaired*).  
Fax: 1-877-831-6019  
Website: [www.healthnet.com](http://www.healthnet.com)

### **Simultaneous External Review**

If you believe that your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal and also by following the instructions below for filing a request for simultaneous external review with the Department of Managed Health Care.

### **Department of Managed Health Care Grievance Process**

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-522-0088 (Health Net Customer Contact Center)** or for the hearing impaired, please call our **Telecommunication Device for the Deaf (TTY/TDD) line at 1-800-995-0852** and use your health plan's grievance process before contacting the department.

Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department of Managed Health Care for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a **toll-free telephone number (1-888-HMO-2219)** and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The department's **Internet Web site <http://www.hmohelp.ca.gov>** has complaint forms, IMR application forms and instructions online.

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or please call:

Individual & Family Plans: 1-888-926-4988

Small Business: 1-888-926-5133

TDD/TYY: 1-888-926-5180

For more help: If you are enrolled in a PPO or EPO insurance policy underwritten by Health Net Life Insurance Company, call the CA Dept. of Insurance at 1-800-927-4357. If you are enrolled in a HMO or HSP plan provided by Health Net of California, Inc., call the DMHC Helpline at 1-888-HMO-2219. Your ID card indicates whether your plan was issued by Health Net Life Insurance Company or Health Net of California, Inc.

## English

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o llame al:

Planes Individuales y Familiares: 1-888-926-4988

Pequeñas Empresas: 1-888-926-5133

TDD/TYY: 1-888-926-5180

Para obtener más ayuda: Si está inscrito en una póliza de seguro PPO o EPO asegurada por Health Net Life Insurance Company, llame al Departamento de Seguros de CA al 1-800-927-4357. Si está inscrito en un plan HMO o HSP proporcionado por Health Net of California, Inc., llame a la Línea de Ayuda del Departamento de Cuidado Médico (por sus siglas en inglés, DMHC) al 1-888-HMO-2219. Su tarjeta de identificación indica si su plan fue emitido por Health Net Life Insurance Company o Health Net of California, Inc.

## Spanish

免費語言服務。您可以取得口譯員服務。我們可以把文件朗讀給您聽，也可以把部分翻譯成您語言的文件寄送給您。如需協助，請撥您會員卡上所列的電話號碼與我們聯絡，或請撥：

Individual & Family Plans : 1-888-926-4988

小型企業：1-888-926-5133

聽 / 語障專線：1-888-926-5180

如需其他協助：如果您投保的是由 Health Net Life Insurance Company 核保的 PPO 或 EPO 保險保單，請撥 California Department of Insurance 電話 1-800-927-4357。如果您投保的是由 Health Net of California, Inc. 提供的 HMO 或 HSP 計畫，請撥 DMHC 協助專線 1-888-HMO-2219。您的會員卡會註明您的計畫是由 Health Net Life Insurance Company 或 Health Net of California, Inc. 核發。

## Chinese

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên và người đọc giúp các tài liệu bằng ngôn ngữ của quý vị cho quý vị. Để được trợ giúp, vui lòng gọi cho chúng tôi theo số điện thoại ghi trên thẻ hội viên của quý vị hoặc gọi:

Chương trình bảo hiểm dành cho cá nhân và gia đình: 1-888-926-4988

Chương trình bảo hiểm dành cho tiểu thương nghiệp: 1-888-926-5133

Số TDD/TYY: 1-888-926-5180

Để được trợ giúp bổ túc: Nếu quý vị ghi danh trong các hợp đồng bảo hiểm PPO hoặc EPO do Health Net Life Insurance Company cam kết tài trợ, vui lòng gọi Bộ Bảo hiểm của California theo số 1-800-927-4357. Nếu quý vị ghi danh trong chương trình bảo hiểm HMO hoặc HSP do Health Net of California, Inc. cung cấp, xin gọi Đường dây trợ giúp của DMHC theo số 1-888-HMO-2219. Trên thẻ hội viên của quý vị có ghi rõ chương trình bảo hiểm của quý vị là do Health Net Life Insurance Company hay Health Net of California, Inc. cung cấp.

## Vietnamese

무료 언어 지원 서비스. 무료 통역사 서비스 및 여러분에게 편한 언어로 서류 낭독 서비스를 받을 수 있습니다.

도움이 필요하신 분은 본인의 ID 카드상의 안내번호로 전화하시거나 다음 안내번호로 문의하십시오.

개인 및 가족 플랜: 1-888-926-4988

스몰 비즈니스: 1-888-926-5133

TDD/TTY: 1-888-926-5180

더 많은 도움이 필요하시면: 만일 귀하가 Health Net Life Insurance Company가 인수한 PPO 또는 EPO 보험 폴리시에 가입하신 경우, 캘리포니아 보험국 (CA Dept. of Insurance), 안내번호 1-800-927-4357번으로 문의해 주십시오. 만일 귀하가 Health Net of California, Inc.에서 제공하는 HMO 또는 HSP 플랜에 가입하신 경우, 보건관리부 (DMHC) 헬프라인, 안내번호 1-888-HMO-2219번으로 문의하십시오. 귀하의 ID상에 귀하의 플랜이 Health Net Life Insurance Company에서 제공되는지 또는 Health Net of California, Inc.에서 제공되는지 명시되어 있습니다.

## Korean

Walang Gastusin na Mga Serbisyo sa Wika. Maaari kang kumuha ng interpreter at basahin sa iyong wika ang mga dokumento. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o mangyaring tumawag sa:

Individual & Family Plans: 1-888-926-4988

Small Business: 1-888-926-5133

TDD/TTY: 1-888-926-5180

Para sa karagdagang tulong: Kung naka-enroll ka sa isang insurance policy ng PPO o EPO na napapailalim sa Health Net Life Insurance Company, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Kung naka-enroll ka sa isang plano ng HMO o HSP na ipinagkakaloob ng Health Net of California, Inc., tumawag sa DMHC Helpline sa 1-888-HMO-2219. Isinasaad ng iyong ID card kung ang iyong plano ay ibinigay ng Health Net Life Insurance Company o Health Net of California, Inc.

## Tagalog

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք բանավոր թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ Ձեր լեզվով: Օգնության համար մեզ զանգահարեք Ձեր ինքնության (ID) տոմսի վրա նշված համարով, կամ խնդրում ենք զանգահարել:

Անհատական և Ընտանեկան Ծրագրեր՝ 1-888-926-4988

Փոքր Ձեռնարկություններ՝ 1-888-926-5133

Խոսքերի համար սարք (TDD/TTY)՝ 1-888-926-5180

Հավելյալ օգնության համար՝ Եթե գրանցվել եք PPO կամ EPO ապահովագրական ծրագրում, որի մատակարարն է Health Net Life Insurance Company-ն, 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք (CA Dept. of Insurance): Եթե գրանցվել եք HMO կամ HSP ծրագրում, որի մատակարարն է Health Net of California, Inc.-ը, 1-888-HMO-2219 համարով զանգահարեք DMHC-ի Օգնության Գծին: Ձեր ինքնության տոմսը նշում է, թե ով է թողարկել Ձեր ծրագիրը՝ Health Net Life Insurance Company-ն, թե՞ Health Net of California, Inc.-ը:

## Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и вам могут прочитать документы на вашем языке. Если вам требуется помощь, звоните нам по номеру телефона, указанному на вашей идентификационной карте.

Планы индивидуального и семейного страхования: 1-888-926-4988

Малый бизнес: 1-888-926-5133

Линия TDD/TTY: 1-888-926-5180

Для получения дополнительной помощи: если у вас страховой полис Организации с предпочтительными поставщиками услуг (Preferred Provider Organization, PPO) или Организации с обязательными поставщиками услуг (Exclusive Provider Organization, EPO), который предоставляется компанией Health Net Life Insurance Company, обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по номеру 1-800-927-4357. Если вы зарегистрированы в плане HMO или HSP, который предоставлен компанией Health Net of California, Inc., звоните на телефон Горячей линии Департамента организованного медицинского обслуживания (DMHC Helpline) по номеру 1-888-HMO-2219. На вашей идентификационной карте указано, был ли ваш план оформлен компанией Health Net Life Insurance Company или компанией Health Net of California, Inc.

## Russian

無料の言語サービス。日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または以下の番号までご連絡ください。

個人および家族プラン：1-888-926-4988

中小企業：1-888-926-5133

TDD/TTY専用番号：1-888-926-5180

さらに援助が必要な場合、Health Net Life Insurance Companyが保険引受会社となるPPOまたはEPO保険ポリシーにご加入の方は、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Health Net of California, Inc.が提供するHMOまたはHSPプランにご加入の方は、DMHCヘルプライン、1-888-HMO-2219までご連絡ください。お客様のプランの発行者がHealth Net Life Insurance CompanyまたはHealth Net of California, Inc.のどちらであるかは、IDカードに記載されています。

## Japanese

خدمات بی هزینه مربوط به زبان. می توانید از خدمات یک مترجم شفاهی برخوردار شده و بگوئید تا نوشته ها به زبان خودتان برایتان خوانده شوند. برای دریافت کردن کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است تماس گرفته و یا به شماره های زیر تلفن کنید:

طرح افراد و خانواده ها: 1-888-926-4988

کسب و کار کوچک: 1-888-926-5133

TDD/TTY: 1-888-926-5180

برای دریافت کمک بیشتر: اگر برای یک بیمه نامه PPO یا EPO که توسط Health Net Life Insurance Company تضمین شده است ثبت نام کرده اید، به اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تلفن کنید. اگر در یک طرح HMO یا HSP که توسط Health Net of California, Inc. فراهم شده است ثبت نام میکنید، به خط کمکی DMHC به شماره 1-888-HMO-2219 تلفن کنید. کارت شناسایی تان نشان میدهد که آیا طرح شما توسط Health Net Life Insurance Company صادر شده است یا Health Net of California, Inc.

## Farsi

ਭਾਸ਼ਾ ਦੀਆਂ ਮੁਫਤ ਸੇਵਾਵਾਂ। ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਆਂ ਮਿਲ ਸਕਦਾ ਹੈ ਅਤੇ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈ ਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ, ਜਾਂ ਇਥੇ ਫੋਨ ਕਰੋ:  
ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾਵਾਂ: 1-888-926-4988  
ਛੋਟਾ ਕਾਰੋਬਾਰ: 1-888-926-5133  
TDD/TYY: 1-888-926-5180

ਹੋਰ ਮਦਦ ਲਈ: ਜੇ ਤੁਸੀਂ Health Net Life Insurance Company ਵਲੋਂ ਜਾਰੀ ਕਿਸੇ PPO ਜਾਂ EPO ਬੀਮਾ ਪਾਲਿਸੀ ਲਈ ਨਾਂ ਲਿਖਵਾਇਆ ਹੈ ਤਾਂ ਕੈਲੀਫੋਰਨਿਆ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ। ਜੇ ਤੁਸੀਂ Health Net of California, Inc. ਵਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਗਈ ਕਿਸੇ HMO ਜਾਂ HSP ਯੋਜਨਾ ਲਈ ਨਾਂ ਲਿਖਵਾਇਆ ਹੈ ਤਾਂ DMHC ਦੀ ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ। ਤੁਹਾਡੇ ਆਈ ਡੀ ਕਾਰਡ ਤੇ ਇਹ ਦਿਖਾਇਆ ਗਿਆ ਹੈ ਕਿ ਤੁਹਾਡੀ ਯੋਜਨਾ Health Net Life Insurance Company ਵਲੋਂ ਜਾਰੀ ਕੀਤੀ ਗਈ ਸੀ ਜਾਂ Health Net of California, Inc. ਵਲੋਂ।

**Punjabi**

ਸੇਵਾਗਮੀ ਪ੍ਰੋਗਰਾਮਾਂ ਨੂੰ ਸਮਝਣ ਲਈ, ਆਪਣੇ ਡਾਕਟਰ ਨੂੰ ਆਪਣੇ ਪ੍ਰੋਗਰਾਮ ਦੀ ਸਹੂਲਤਾਂ ਬਾਰੇ ਪਤਾ ਕਰਨ ਲਈ ਸੰਪਰਕ ਕਰੋ। ਸੰਪਰਕ ਕਰਨ ਲਈ ਸਹੂਲਤਾਂ ਸੁਝਾਓ।  
ਯੋਜਨਾ ਦੀ ਸਹੂਲਤਾਂ ਬਾਰੇ ਜਾਣਕਾਰੀ ਲਈ ਆਪਣੇ ਡਾਕਟਰ ਨੂੰ ਆਪਣੇ ਪ੍ਰੋਗਰਾਮ ਦੀ ਸਹੂਲਤਾਂ ਬਾਰੇ ਪਤਾ ਕਰਨ ਲਈ ਸੰਪਰਕ ਕਰੋ।  
ਸੰਪਰਕ ਕਰਨ ਲਈ ਸਹੂਲਤਾਂ: 1-888-926-4988  
ਸੰਪਰਕ ਕਰਨ ਲਈ ਸਹੂਲਤਾਂ: 1-888-926-5133  
ਸੰਪਰਕ ਕਰਨ ਲਈ ਸਹੂਲਤਾਂ: 1-888-926-5180

ਸੰਪਰਕ ਕਰਨ ਲਈ ਸਹੂਲਤਾਂ: ਆਪਣੇ ਡਾਕਟਰ ਨੂੰ ਆਪਣੇ ਪ੍ਰੋਗਰਾਮ ਦੀ ਸਹੂਲਤਾਂ ਬਾਰੇ ਪਤਾ ਕਰਨ ਲਈ ਸੰਪਰਕ ਕਰੋ।  
Health Net Life Insurance Company ਨੂੰ ਆਪਣੇ ਡਾਕਟਰ ਨੂੰ ਆਪਣੇ ਪ੍ਰੋਗਰਾਮ ਦੀ ਸਹੂਲਤਾਂ ਬਾਰੇ ਪਤਾ ਕਰਨ ਲਈ ਸੰਪਰਕ ਕਰੋ।  
Health Net of California, Inc. ਨੂੰ ਆਪਣੇ ਡਾਕਟਰ ਨੂੰ ਆਪਣੇ ਪ੍ਰੋਗਰਾਮ ਦੀ ਸਹੂਲਤਾਂ ਬਾਰੇ ਪਤਾ ਕਰਨ ਲਈ ਸੰਪਰਕ ਕਰੋ।  
DMHC ਨੂੰ ਆਪਣੇ ਡਾਕਟਰ ਨੂੰ ਆਪਣੇ ਪ੍ਰੋਗਰਾਮ ਦੀ ਸਹੂਲਤਾਂ ਬਾਰੇ ਪਤਾ ਕਰਨ ਲਈ ਸੰਪਰਕ ਕਰੋ।  
Health Net Life Insurance Company ਨੂੰ ਆਪਣੇ ਡਾਕਟਰ ਨੂੰ ਆਪਣੇ ਪ੍ਰੋਗਰਾਮ ਦੀ ਸਹੂਲਤਾਂ ਬਾਰੇ ਪਤਾ ਕਰਨ ਲਈ ਸੰਪਰਕ ਕਰੋ।

**Khmer**

Keu Pab Lus Tsis Muaj Nqi Them. Koj txais tau tus neeg txhais lus thiab muab tau cov ntawv los nyeem rau koj ua koj hom lus. Kom tau kev pab, hu tuaj rau peb ntawm tus xovtooj uas nyob ntawm koj daim npav ID lossis thov hu rau:  
Keu Npaj Pab Tus Kheej thiab Tsev Neeg (Individual and Family Plan; IFP): 1-888-926-4988  
Cov Lagluam Me: 1-888-926-5133  
Tus Xovtooj TDD/TTY: 1-888-926-5180

Yog xav tau kev pab ntxiv: Yog koj muaj npe nkag nrog PPO lossis EPO cov kev tuav pov hwm los ntawm Health Net Life Insurance Company, hu rau CA Qhov Chaw Saib Xyuas Txog Kev Tuav Pov Hwm (Dept. of Insurance) ntawm 1-800-927-4357. Yog koj muaj npe nkag nrog ib qho kev npaj pab HMO lossis HSP uas los ntawm Health Net of California, Inc., hu rau DMHC Tus Xovtooj Muab Kev Pab ntawm 1-888-HMO-2219. Koj daim npav ID yuav qhia tau tias koj qhov kev npaj pab yog los ntawm Health Net Life Insurance Company lossis Health Net of California, Inc.

**Hmong**

Doo Baaḥ ‘Alínígóó Saad Bee ‘áka’anída’awo’ígíí. ‘Ata’ halne’í dóó naaltsoos bee ‘éédahozinígíí t’áá ni nizaad bee hadadilyaago nich’i’ yidóoltah. ‘Áka’a’eyeed biniyégo, ninaaltsoos nit’izi bee nééhozinígíí bine’déé’ béesh bee hane’ biká’ígíí bee nich’i’ hodiilnih, doodago t’áá shqodí kohji’ hodiilnih:  
Ła’ Jizh dóó Hooghan Haz’áagi Naaltsoos Hadadit’éhígíí (IFP): 1-888-926-4988  
T’áá ‘altsziísigo Naalyéhi Báhooghan Daayéelyeedígíí: 1-888-926-5133  
TDD/TYY: 1-888-926-5180

T’áá náasgóó ‘áka’a’eyeed biniyégo: PPO doodago EPO béeso ‘ách’ááh naa’nil bibee haz’ánii Health Net Life Insurance Company bich’i’ haidiilaagíí bił ha’dí’éhígíí bił ha’diléhgo, CA Dept. béeso ‘ách’ááh naa’nil bił haz’ánígíí bich’i’ kohji’ 1-800-927-4357 hodiilnih. Health Net of California, Inc. biyaadóó HMO doodago HSP bił ha’dí’éhígíí bił ha’diléhgo, DMHC ‘Áka’aná’awo’ Bił Haz’ánígíí kohji’ 1-888-HMO-2219 hodiilnih. Health Net Life Insurance Company doodago Health Net of California, Inc. bił naaltsoos bił náha’dít’éhígíí ninaaltsoos nit’izi bine’déé’ bikáá’.

**Navajo**

الخدمات اللغوية المجانية: يمكنك الحصول على مترجم فوري للمساعدة في قراءة مستنداتك باللغة التي تتحدث بها. للحصول على مساعدة، يُرجى الاتصال بنا على الرقم الموضح على بطاقة التعريف الخاصة بك، أو الاتصال بـ:  
خطط الفرد والأسرة: 1-888-926-4988  
Small Business (الأعمال الصغيرة): 1-888-926-5133  
رقم الهاتف النصي/خط ضعاف السمع: 1-888-926-5180

للحصول على المزيد من المساعدة: إذا كنت مسجلاً في سياسة التأمين بخطة PPO أو EPO التي تتضمنها شركة التأمين على الحياة Health Net Life Insurance Company، يُرجى الاتصال بـ CA Dept. of Insurance (وزارة التأمين بولاية كاليفورنيا) على الرقم 1-800-927-4357. إذا كنت مسجلاً في خطة HMO أو HSP التي توفرها شركة Health Net of California, Inc.، يُرجى الاتصال بخط المساعدة لدى DMHC على الرقم 1-888-HMO-2219. توضح بطاقة التعريف الخاصة بك ما إذا كان تم إصدار خطتك عبر شركة التأمين على الحياة Health Net Life Insurance Company أو شركة Health Net of California, Inc.

**Arabic**