

**BARNAAMIJKA HUBINTA DARYEELKA ISBITAALKA (HCAP) / DARYEELKA SAMAFALKA / CODSIGA CAAWINTA  
DHAQAALAHA**

Magaca Bukaanka (Dambe)	(Koowaad)	(MI)	Lambarka Akoonka
Ciwaanka			Taariiqda Adeega —
Caasimada iyo Gobolka			Taariiqda Dhalashada Bukaanka
Furaha Zip	Lambarka Taleefonka		Lambarka Amniga Bulshada Bukaanka
Ma jireen daboolida caymiska caafimaadka oo adeegyada?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya	
Ma aheyd qof dagan Ohio saacada adeega?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya	
Ma jireen helida Medicaid firfircoon waqtiga adeega isbitaalka? Haddii haa tahay, geli bilka helaha #:	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya	
Ma jiraan adeegyo sababay shilka gaariga?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya	

Fadlan sheeg warbixinta xigta oo dadka oo dhan ah ee ku jira qoyskaaga kuu dhow. Oo ay ku jiraan nafsadaada, xaaska bukaanka (oo aan laga eegin haddii ay ku noolyihiin guriga bukaanka), iyo carruurta bukaanka oo dhan ujeedada HCAP, "qoyska" waxaa lagu qeexay sida bukaanka ka hooseeyo 18 (dhalay ama korsaday) oo la dagan bukaanka.

Magaca Xubnaha Qoyska	Da'da	Xiriirka ka dhaxeeyo Bukaanka	Qor Badrooniga ama magaca isha ee Daqliga	Kirada/Bilow taariiqda Daqliyada oo dhan	Daqliga 3 bilood	Daqliga 12 bilood
(bukaanka)		shaqsiga				
Wadarta:						

Ku lifaag qaxiijinta dhaqliga codsigaan. Xaqiijinta daqliga waxaa ku jiri kara rasiidka lacag bixinta ama muddada kale (3 ama 12 bilood adeega ka hor ama waxaa ku jira 3 ama 12 bilood daqliga hadeer):

\*Haddii aad ku soo wargelisay \$0.00 daqli in lagu siiyay sheeg sharaxaad ah sida lagu taageeray.      \*Haddii aadan shaqeynin, fadlan sheeg taariiqda ugu dambeysay ee aad shaqeysay.

**Qiyamka Hantiyada**

Guriga:  Leedahay    Kirada      Lacag bixinta bisha: \$ \_\_\_\_\_

Haraaga Akoonka Checking:    \$ \_\_\_\_\_      Haraaga Akoonka Savings:      \$ \_\_\_\_\_

Maalgelinada Guud:            \$ \_\_\_\_\_      Sharaxaada Maalgelinada:      \_\_\_\_\_

Qiyamka Hantiyada Kale:        \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Sharaxaada Hantiyada (Gaariga, Doonta, Iwm.) \_\_\_\_\_

Daqliga Kale:                    \$ \_\_\_\_\_      Sharaxaada Daqliga Kale:      \_\_\_\_\_

Qarashaadka Billaha Guud (Lacag bixinta guriga, lacag bixinta gaariga, korontada, cuntada, iwm...): \$ \_\_\_\_\_

Fadlan soo dir codsiga buuxo:

OhioHealth CBO Financial Assistance  
P.O. Box 7527  
Dublin, OH 43016  
ama fakiska ku: 614-566-6080  
ama i-meelka ku: customercenter@OhioHealth.com

Wixii caawin dheeraad ah, waxaad soo wici kartaa 614-566-1505 ama booqo dhaqaalaha la taliyaha isbitaalka OhioHealth.

Waxaan qirayaa in warbixin kore ay runtahay iyo sax tahay inta aan ka ogahay. Intaa waxaa dheer, waxaan codsanayaa iyo qaadayaa wixii tallaabo macquul ah ee loo baahanyahay in caawin lagu helo (Medicaid, Medicare, Caymiska, iwm.) si aan u bixiyo qarashaadkeyga isbitaalka. Caawinta dhaqaalaha waa isha dalxiiska ugu dambeeyay. Wixii kaloo masuuliyad ah ama bixiye suurtoagal ah ee laga daadin karo ka hor abaalmarinta caawinta.

**Waan fahamsannahay in codsigaan (ama foomka) waxaa loo sameeyay si markaas isbitaalka u arko haddii aan u qalmo HCAP ama caawinta dhaqaalaha ku saleysan sharuudaha la qeexay. Haddii warbiixn walb aoo aan sheegay ay cadeeyso in aysan run aheyn, waan fahamsannahay in isbitaalka laga yaabo in uu dib u hubiyo heerka dhaqaalaha iyo qaato tallaabo walba oo ku haboon. Waxaan u ogolaaday OhioHealth si loo helo warbiixnta dhaqaalaha ee ka imaaneyso hay'adaha isku darka haddii loo baahdo.**



Saxiixa Bukaanka: \_\_\_\_\_ Taariiqda: \_\_\_\_\_  
Saxiixa Wareystaha: \_\_\_\_\_ Taariiqda: \_\_\_\_\_