REQUEST FOR MEDICARE DRUG COVERAGE DETERMINATION

Use this form to ask our plan for a coverage determination. You can also ask for a coverage determination by calling Member Services at the number on your ID card (TTY 711) or through our website at www.wellcare.com/Medicare. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. You, your doctor or prescriber, or your authorized representative can make this request.

Plan Enrollee

Name	Date of birth
Street address	City
State	ZIP
Phone	Member ID #

If the person making this request isn't the plan enrollee or prescriber:

Requestor's name
Relationship to plan enrollee
Street address (include City, State and ZIP)
Phone
☐ Submit documentation with this form showing your authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or equivalent). For more information on appointing a representative, contact our plan or call 1-800-MEDICARE. (1-800-633-4227). TTY users can call 1-877-486-2048.

Name of drug this request is about (include dosage and quantity information if available)

Type of Request

☐ My drug plan charged me a higher copayment for a drug than it should have

☐ I want to be reimbursed for a covered drug I already paid for out of pocket

☐ I'm asking for prior authorization for a prescribed drug (this request may require supporting information)

For the types of requests listed below, your prescriber MUST provide a statement supporting the request. Your prescriber can complete pages 3 and 4 of this form, "Supporting Information for an Exception Request or Prior Authorization."

☐ I need a drug that's not on the plan's list of covered drugs (formulary exception)

☐ I've been using a drug that was on the plan's list of covered drugs before, but has been or will be removed during the plan year (formulary exception)

☐ I'm asking for an exception to the requirement that I try another drug before I get a prescribed drug (formulary exception)

☐ I'm asking for an exception to the plan's limit on the number of pills (quantity limit) I can get so that I can get the number of pills prescribed to me (formulary exception)

☐ I'm asking for an exception to the plan's prior authorization rules that must be met before I get a prescribed drug (formulary exception).

☐ My drug plan charges a higher copayment for a prescribed drug than it charges for another drug that treats my condition, and I want to pay the lower copayment (tiering exception)

☐ I've been using a drug that was on a lower copayment tier before, but has or will be moved to a higher copayment tier (tiering exception)

Additional information we should consider *(submit any supporting documents with this form)*:

_____

_____

_____

_____

Do you need an expedited decision?

If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we'll automatically give you a decision within 24 hours. If you don't get your prescriber's support for an expedited request, we'll decide if your case requires a fast decision. (You can't ask for an expedited decision if you're asking us to pay you back for a drug you already received.)

☐ **YES, I need a decision within 24 hours.** If you have a supporting statement from your prescriber, attach it to this request.

Signature:	**Date:**

How to submit this form

Submit this form and any supporting information by mail or fax:

Address:
WellCare Health Plans
Pharmacy - Coverage Determinations
P.O. Box 31397
Tampa, FL 33631-3397

Fax Number:

Medicare Advantage Plans
1-866-388-1767 – Non-CA Plans
1-877-277-1809 – CA Plans

Prescription Drug Plans (PDP)
1-866-388-1767 - All

Supporting Information for an Exception Request or Prior Authorization
To be completed by the prescriber

☐ **REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.**

Prescriber Information

Name
Street Address (Include City, State and ZIP)
Office phone
Fax
Signature Date

Diagnosis and Medical Information

Medication:	Strength and route of administration:
frequency:	Date started: ☐ **NEW START**
Expected length of therapy:	Quantity per 30 days:
Height/Weight:	Drug allergies:

DIAGNOSIS – Please list all diagnoses being treated with the requested drug and corresponding ICD-10 codes **(**If the condition being treated with the requested drug is a symptom e.g. anorexia, weight loss, shortness of breath, chest pain, nausea, etc., provide the diagnosis causing the symptom(s) if known)	**ICD-10 Code(s)**
Other RELAVENT DIAGNOSES:	**ICD-10 Code(s)**

DRUG HISTORY: (for treatment of the condition(s) requiring the requested drug)

DRUGS TRIED (if quantity limit is an issue, list unit dose/total daily dose tried)	**DATES of Drug Trials**	**RESULTS of previous drug trials FAILURE vs INTOLERANCE (explain)**

What is the enrollee's current drug regimen for the condition(s) requiring the requested drug?

DRUG SAFETY	
Any **FDA NOTED CONTRAINDICATIONS** to the requested drug?	☐ **YES** ☐ **NO**
Any concern for a **DRUG INTERACTION** when adding the requested drug to the enrollee's current drug regimen?	☐ **YES** ☐ **NO**
If the answer to either of the questions above is yes, please 1) explain issue, 2) discuss the benefits vs potential risks despite the noted concern, and 3) monitoring plan to ensure safety.	

HIGH RISK MANAGEMENT OF DRUGS IN THE ELDERLY	
If the enrollee is over the age of 65, do you feel that the benefits of treatment with the requested drug outweigh the potential risks in this elderly patient?	☐ **YES** ☐ **NO**

OPIOIDS – (answer these 4 questions if the requested drug is an opioid)	
What is the daily cumulative Morphine Equivalent Dose **(MED)**?	_____ **mg/day**
Are you aware of other opioid prescribers for this enrollee? If so, please explain.	☐ **YES** ☐ **NO**
Is the stated daily MED dose noted medically necessary?	☐ **YES** ☐ **NO**
Would a lower total daily MED dose be insufficient to control the enrollee's pain?	☐ **YES** ☐ **NO**

RATIONALE FOR REQUEST

☐ **Alternate drug(s) previously tried, but with adverse outcome, e.g. toxicity, allergy, or therapeutic failure** If not noted in the DRUG HISTORY section, specify below: (1) Drug(s) tried and results of drug trial(s) (2) if adverse outcome, list drug(s) and adverse outcome for each, (3) if therapeutic failure, list maximum dose and length of therapy for drug(s) trialed.

☐ **Alternative drug(s) contraindicated, would not be as effective or likely to cause adverse outcome.** A specific explanation why alternative drug(s) would not be as effective or anticipated significant adverse clinical outcome and why this outcome would be expected is required. If contraindication(s), list specific reason why preferred drug(s)/other formulary drug(s) are contraindicated.

☐ **Patient would suffer adverse effects if he or she were required to satisfy the prior authorization requirement.** A specific explanation of any anticipated significant adverse clinical outcome and why this outcome would be expected is required.

☐ **Patient is stable on current drug(s); high risk of significant adverse clinical outcome with medication change** A specific explanation of any anticipated significant adverse clinical outcome and why this outcome would be expected is required – e.g. the condition has been difficult to control (many drugs tried, multiple drugs required to control condition), the patient had a significant adverse outcome when the condition was not controlled previously (e.g. hospitalization or frequent acute medical visits, heart attack, stroke, falls, significant limitation of functional status, undue pain and suffering),etc.

☐ **Medical need for different dosage form and/or higher dosage** Specify below: (1) Dosage form(s) and/or dosage(s) tried and outcome of drug trial(s); (2) explain medical reason (3) include why less frequent dosing with a higher strength is not an option – if a higher strength exists.

☐ **Request for formulary tier exception** If not noted in the DRUG HISTORY section, specify below: (1) formulary or preferred drug(s) tried and results of drug trial(s) (2) if adverse outcome, list drug(s) and adverse outcome for each, (3) if therapeutic failure/not as effective as requested drug, list maximum dose and length of therapy for drug(s) trialed, (4) if contraindication(s), list specific reason why preferred drug(s)/other formulary drug(s) are contraindicated.

☐ **Other** (explain below)

_____
_____
_____
_____
_____

FLorida H1032 Members: This information is available for free in other languages. Please contact our Member Services number at 1-855-445-3578 (TTY: 711). From October 1 – March 31, hours are 8 a.m. to 8 p.m. From April 1 – September 30, hours are Monday to Friday, 8 a.m. to 8 p.m.

Spanish: Esta información está disponible de manera gratuita en otros idiomas. Comuníquese con nuestro número de Servicios para Miembros al 1-855-445-3578 (TTY: 711). Desde el 1 de Octubre hasta el 31 de Marzo, el horario es de 8 a.m. a 8 p.m. Desde el 1 de Abril hasta el 30 de Septiembre, el horario es de Lunes a Viernes, de 8 a.m. a 8 p.m.

Creole: Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri kontakte nimewo Sèvis pou Manm nou yo nan 1-855-445-3578 (TTY: 711). Apati 1 Oktòb – 31 Mas, lè fonksyònman yo se 8 a.m. rive 8 p.m. Apati 1 Avril – 30 Septanm, lè fonksyònman yo se Lendi rive Vandredi, 8 a.m. rive 8 p.m.

H0029 Washington residents: “Wellcare” is issued by Coordinated Care of Washington, Inc.

H5965 Washington residents: “Wellcare” is issued by WellCare Health Insurance Company of Washington, Inc.

S4802 "Wellcare” is issued by WellCare Prescription Insurance, Inc.

Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting www.myplan.healthy.la.gov/en/find-provider or https://www.louisianahealthconnect.com. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at https://ldh.la.gov/medicaid and select the “Learn about Medicaid Services” link. To request a written copy of our Medicaid Provider Directory, please contact us.

H0174 & H5294 Texas D-SNP members: As a Wellcare HMO D-SNP member, you have coverage for both Medicare and Medicaid. You will receive your Medicare health care and prescription drug benefits through Wellcare. You are also eligible to receive additional health care benefits through STAR+PLUS Medicaid. You can learn more about providers who participate in Wellcare and Medicaid by visiting https://www.wellcarefindaprovider.com/navigate-a-network.html. To request written copies of our Medicare and Medicaid Provider Directories, please contact us at H0174: 1-833-444-9089 (TTY: 711) or H5294: 1-855-445-3556 (TTY: 711), or reach out to your STAR+PLUS Managed Care OrganizationMCO.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-374-4056 (TTY: 711).

አማርኛ ይነበብ፦ ነጻ የቋንቋ እገዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጸቶች መረጃ የሚያቀርቡልዎ አጋዥ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-877-374-4056 (TTY: 711) ይደውሉ።

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعِدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-877-374-4056 (TTY: 711).

Հայերեն ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Դուք կարող եք օգտվել անվճար լեզվական ծառայություններից: Անվճար հասանելի են նաև համապատասխան օժանդակ միջոցներ և ծառայություններ՝ մատչելի ձևաչափերով տեղեկություններ տրամադրելու համար: Զանգահարեք 1-877-374-4056 (TTY՝ 711):

বাংলা খেয়াল করুন: আপনার জন্য বিনামূল্যে ভাষা পরিষেবার সুবিধা রয়েছে। বিনামূল্যে অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য দিতে উপযুক্ত সহায়ক উপকরণ এবং পরিষেবাও উপলব্ধ রয়েছে। এখানে কল করুন 1-877-374-4056 (TTY: 711)।

Français cadien COMMUNIQUE: Des services d’aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-877-374-4056 (TTY : 711).

ភាសាខ្មែរ ចូរចាប់អារម្មណ៍៖ សេវាជំនួយភាសាដោយឥតគិតថ្លៃមានសម្រាប់អ្នក។ ជំនួយនិងសេវាជំនួយសមស្របដើម្បីផ្តល់ជូនព័ត៌មានជាទម្រង់ដែលអាចប្រើបាន ក៏មានដោយមិនគិតថ្លៃផងដែរ។ សូមទូរសព្ទទៅលេខ 1-877-374-4056 (TTY: 711)។

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-877-374-4056（TTY：711）。

繁體中文 注意：我們爲您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-877-374-4056 (TTY：711)。

دری توجه: خدمات رایگان کمک زبانی برای شما فراهم است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات به شکل قابل دسترس نیز به طور رایگان در دسترس می‌باشند. لطفاً با شماره 1-877-374-4056 (TTY: 711) تماس بگیرید.

فارسی توجه: خدمات کمک زبانی رایگان برای شما دردسترس است. ابزارها و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های قابل‌دسترس نیز به‌صورت رایگان ارائه می‌شوند. لطفاً با شماره 1-877-374-4056 (TTY: 711) تماس بگیرید.

Français REMARQUE : des services d’assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-374-4056 (TTY : 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-877-374-4056 (TTY: 711).

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Ελληνικά ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-877-374-4056 (TTY: 711).

ગુજરાતી ધ્યાન આપવાની જરૂર છે: તમારા માટે ભાષા સંબંધી સહાયતાની મફત સેવાઓ ઉપલબ્ધ છે. ઍક્સેસ કરી શકાય તેવાં ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-877-374-4056 (TTY: 711) પર કૉલ કરો.

Kreyòl Ayisyen ATANSYON: Sèvis èd gratis pou lang disponib pou ou. Aparèy oksilyè ki bay asistans ak sèvis ki apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-877-374-4056 (TTY: 711).

ʻŌlelo Hawaiʻi HOʻĀKAKA: Loaʻa iā ʻoe ke kōkua manuahi no ka unuhi ʻōlelo. Loaʻa pū kekahi mau pono kōkua kūpono a me nā lawelawe e hāʻawi ai i ka ʻike i nā ʻano ʻano hiki ke kiʻi ʻia, me ka uku ʻole. Kelepona i 1-877-374-4056 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-877-374-4056 (TTY: 711) पर कॉल करें.

Igbo NLERUANYA: A na-enye gị ọrụ enyemaka asụsụ n’efu. Enyemaka na ọrụ ndị kwesịrị ekwesị iji nye ozi n’ụdị ndị dị mfe inweta dikrawa n’akwụghị ụgwọ. Kpọọ 1-877-374-4056 (TTY: 711).

Iloko PALIIWEN: Adda dagiti libre a serbisio a tulong iti pagsasao. Dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti nalaka a maawatan a pormat ket libre met a magun-odan. Tawagan ti 1-877-374-4056 (TTY: 711).

Italiano ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili supporti e servizi ausiliari gratuiti adatti a fornire le informazioni in formati accessibili. Chiamare il numero 1-877-374-4056 (TTY: 711).

日本語 注意：言語支援サービスを無料で提供しています。情報をアクセシビリティに対応した形式で提供する各種補助支援およびサービスも無料です。1-877-374-4056 (TTY: 711) にお電話ください。

ಕನ್ನಡ ನಿಮ್ಮ ಗಮನಕ್ಕೆ: ನಿಮಗೆ ಉಚಿತ ಭಾಷಾ ಸಹಾಯ ಸೇವೆಗಳು ಲಭ್ಯವಿದೆ. ಪ್ರವೇಶಿಸಬಹುದಾದ ಸ್ವರೂಪಗಳಲ್ಲಿ ಮಾಹಿತಿಯನ್ನು ಒದಗಿಸಲು ಸೂಕ್ತವಾದ ಸಹಾಯಕ ಸಾಧನಗಳು ಮತ್ತು ಸೇವೆಗಳು ಸಹ ಉಚಿತವಾಗಿ ಲಭ್ಯವಿದೆ. ಕರೆ ಮಾಡಿ 1-877-374-4056 (TTY: 711).

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-877-374-4056 (TTY: 711)번으로 전화해 주십시오.

ພາສາລາວ ໝາຍເຫດ: ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີສຳລັບທ່ານ ນອກຈາກນີ້ຍັງມີບໍລິການຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍເພີ່ມເຕີມ. ໂທ 1-877-374-4056 (TTY: 711).

മലയാളം ശ്രദ്ധിക്കൂ: നിങ്ങൾക്ക് സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകുന്നതിന്, സൗജന്യമായി അനുയോജ്യമായ ഓക്സിലിയറി സഹായങ്ങളും സേവനങ്ങളും ലഭ്യമാണ്. 1-877-374-4056 (TTY: 711) എന്ന നമ്പറിൽ വിളിക്കുക.

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-877-374-4056 (TTY: 711) वर कॉल करा.

Diné Bizaad BAA NAANISH'AGHA: T'aadoo baabhilinigoo saad 'ahiilka 'ana'alwo' biniit'aa bineesh'a bil hadlee' goo ni. Ch'idi'nishaah t'aala'i bi'aa yilts'ilgo bika 'iishyeed 'aadoo biniit'aa goo bik'inaasdzil bil ch'idaash'a di baa honit'I' ya'akogoo bineesh'a aldo' bil hadlee' t'aadoo baabhilinigoo 'at'e yeel. Bika 'adishni 1-877-374-4056 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-877-374-4056 (TTY: 711) मा कल गर्नुहोस्।

Pennsylvania Deitsch GEB ACHT: Schprooch Helfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Helfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-877-374-4056 (TTY: 711).

Polski UWAGA: usługi wsparcia językowego są dostępne nieodpłatnie. Bezpłatnie oferowane są również dodatkowe pomoce i usługi pozwalające na przekazanie informacji w formacie przystępnym dla odbiorcy. Zadzwoń pod numer 1-877-374-4056 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-877-374-4056 (TTY: 711).

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਣਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-877-374-4056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-877-374-4056 (TTY: 711).

Gagana Sāmoa FA'AALIGA: O lo'o avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa fo'i fua fesoasoani ma meafaigaluega talafeagai e tu'uina atu ai fa'amatalaga i auala faigofie ona malamalama ai. Vala'au 1-877-374-4056 (TTY: 711).

Srpski PAŽNJA: Dostupne su vam besplatne usluge jezičke pomoći. Odgovarajuća pomagala i pomoćne usluge koje nude informacije o pristupačnim formatima takođe su besplatne. Pozovite broj 1-877-374-4056 (TTY: 711).

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-877-374-4056 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-877-374-4056 (TTY: 711).

Kiswahili TANBIHI: Huduma za usaidizi wa lugha zinapatikana bila malipo kwako. Nyenzo na huduma sahihi za usaidizi za kutoa maelezo katika miundo inayoweza kufikiwa pia zinapatikana bila malipo. Piga simu 1-877-374-4056 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-877-374-4056 (TTY: 711).

தமிழ் உங்களின் கவனத்திற்கு: உங்களுக்கு மொழி உதவிக்கான இலவச சேவைகள் கிடைக்கின்றன. பயன்படுத்தக்கூடிய வடிவங்களில் தகவல்களை வழங்குவதற்குப் பொருத்தமான புலன் உணர்வுக் கருவிகளும் சேவைகளும் இலவசமாகக் கிடைக்கின்றன. 1-877-374-4056 (TTY: 711) **என்ற எண்ணை அழைத்திடுங்கள்**.

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-877-374-4056 (TTY: 711) **నంబర్‌కి కాల్ చేయండి**.

ไทย โปรดทราบ: พร้อมให้บริการความช่วยเหลือทางภาษาฟรีแก่คุณ และมีความช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่ายด้วยเช่นกัน โทร 1-877-374-4056 (TTY: 711)

Twi HYƐ NO NSO: Kasa ho mmoa dwumadie ahodoɔ wɔ hɔ ma wo a wontua hwee. Nneɛma a ɛbɛboa wo ama wate nsɛm ne dwumadie ahodoɔ a ɛde nsɛm bɛma wo wɔ akwan bebree so nso wɔ hɔ a wontua hwee. Frɛ 1-877-374-4056 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-374-4056 (TTY: 711).

اردو توجہ: زبان معاونت کی خدمات آپ کے لیے مفت دستیاب ہیں۔ معلومات کو قابلِ رسائی شکل میں فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-877-374-4056 (TTY: 711) پر کال کریں۔

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-877-374-4056 (TTY: 711).

ייִדיש אויפֿמערקזאַמקייט: פרייַ שפּראַך הילף סערוויסעס זענען פֿאַר אייַך פֿאַראַן. פּאַסיקע הילפסמיטלען און סערוויסעס צו צושטעלן אינפֿאָרמאַציע אין צוגענגלעכע פֿאָרמאַטן זענען אויך פֿאַראַן פריי פֿון אָפּצאָל. רופֿט 1-877-374-4056 (TTY: 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ́ ìránlọ́wọ́ ti èdè wà nílẹ̀ fún ọ lọ́fẹ̀ẹ́. Àwọn iṣẹ́ àti àwọn ìrànwọ́ arannílọ́wọ́ tóyẹ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọsílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lọ́fẹ̀ẹ́ láisan owó rárá. Pe 1-877-374-4056 (TTY: 711).