



DAIM NTAWV FOOB (APPEALS-HMONG)

FRESNO COUNTY
MENTAL HEALTH PLAN
1-800-654-3937

YOG KOJ UA daim ntawv foob rau Fresno County Mental Health Plan, koj yuav tsum xa daim ntawv mus rau:

Fresno County Mental Health Plan
P.O. Box 45003
Fresno, California 93718-9886

Daim form thiab lub hnab ntawv muaj stamp, chaw nyob muaj nyob rau ntawm txhua lub tsev nyuaj siab.

Koj tuaj hais los tau, tab sis koj yuav tsum sau ntawv foob caum qab tsis yog li peb yuav ua tsis tau.

Koj yuav tau txais ib daim ntawv li 30 hnuv tom qab peb txais tau koj daim ntawv foob. Yog koj muaj lus nug los yog xav paub txog koj daim ntawv foob, thov hu rau: **1-800-654-3937**. Fu tus xov tooj 711 mus rau California Relay Service pab yog tsis hnov lus zoo.

UA DAIM NTAWV FOOB KOM SAI. Koj & koj tus neeg sawv cev hais tau kom muab koj cov lus no los hais ua ntej 72 hnuv thaum lub sij hawm ua hauj lwm, yog tos ntev yuav ua teeb meem rau koj txoj sia, kev nyab xeeb, los yog, ua rau koj tsis tau kev pab, nyob tsis taus mus, los yog yuav nyob tsis zoo npaum li qub lawm. Yog koj xav muab sau ua ntawv, ces thov qhia rau daim ntawv lawv muab rau koj, vim li cas koj thiaj kom lawv hais koj cov lus no sai sai.

Ua tsaug qhov siv koj lub sij hawm hais qhia rau peb.

DAIM NTAWV FOOB

Hnub Tim: _____ Qhov Chaw: _____

Npe: _____

Chaw Nyob: _____ Zip _____

Xov Tooj: _____ (hauv tsev) _____ (tom hauj lwm)

Hais Hom Lus: _____ Hnub Yug: _____

Vim li cas ho ua daim ntawv foob:

Koj xav tias peb yuav daws qhov teeb meem no li cas?

Kos Npe: _____

Daim no puas xav kom muab koj los hais sai?

Xav _____ Tsis Xav _____

Yog lawm, no ces thov qhia yam koj ntseeg tias cov lus no tsim nyog muab hais kom sai sai.

Yog koj pab ua daim ntawv no, thov sau koj lub npe:

Koj txheeb tus neeg thov kev pab no li cas?

PEB YUAV UA hauj lwm rau cov neeg thov kev pab thiab cov neeg muab kev pab kom zoo npaum li peb ua tau, tab sis peb to taub tias qee zaum yuav ua txoj hauj lwm tsis tau li npaj tseg. Koj muaj cai ua daim ntawv foob, yog Fresno County Mental Health Plan los yog nws cov contract providers ua ib qho li hauv qab no:

- tsis kam muab kev pab uas tau thov los yog cov kev pab muaj muab tsis tag,
- cov kev pab tsawg lawm, cheem tseg, los yog tshem tawm cov kev pab thaum xub thawj,
- tsis kam them ib nrab nqi los yog them tag nrho rau cov kev pab,
- muab tsis tau cov kev pab raws lub sij hawm,
- ua tsis tau raws lub sij hawm hais tseg hauv daim ntawv tsis txaus siab, qhov kev txiav txim siab rau daim ntawv foob los yog foob kom ua sai.

Yog koj xav ua daim ntawv foob, thov muab xa rau:

Fresno County Mental Health Plan
P.O. Box 45003
Fresno, California 93718-9886

Yog koj tau txais Medi-Cal, koj muaj cai nug mus sib hais txog kev ncaj ncees hauv state (State Fair Hearing) ua ntej, tib lub sij hawm ntawd, los yog tom qab teb lawm.

OMBUDSMAN SERVICE
1-800-896-4042

PATIENTS' RIGHTS ADVOCATE
(559) 492-1652

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