

Medical Financial Assistance (MFA) Program

If you need help paying for health care services or prescriptions you have had, or are scheduled to receive, from Kaiser Permanente, our Medical Financial Assistance (MFA) program may be able to help you. You may apply by completing and submitting an application, including your household income information.

How the program works

- The program offers temporary “awards” to help qualified applicants pay for care based on their financial needs.
- It’s available to all Kaiser Permanente patients, whether you’re a member or not.
- If awarded, the program will cover emergent/urgent or medically necessary care from Kaiser Permanente providers or at Kaiser Permanente facilities for a specified time.
- The award does not apply to health care services provided and billed outside of Kaiser Permanente facilities.

How to qualify

To qualify, you must meet **ONE** of the following sets of criteria:

1. Your gross household income (income before taxes and deductions) is 400% or less of the federal poverty level.

OR

2. Your out-of-pocket health care costs for emergency or medically necessary care, dental care, and medication over a 12-month period are equal to or more than 10% of your gross household income.
 - Out-of-pocket costs include copays, coinsurance, and deductible payments.
 - Out-of-pocket costs do not include any payments for your health plan itself, like your monthly premium.

2024 Federal Poverty Guidelines (FPG)		
If your household/family size is:	100% award for gross monthly household income at or below 200% of FPG	50% award for gross monthly household income between 201% and 400% of FPG
1	Up to \$2,510	\$2,511 to \$5,020
2	Up to \$3,407	\$3,408 to \$6,813
3	Up to \$4,303	\$4,304 to \$8,607
4	Up to \$5,200	\$5,201 to \$10,400
5	Up to \$6,097	\$6,098 to \$12,193
6	Up to \$6,993	\$6,994 to \$13,987

Visit aspe.hhs.gov/poverty to find the guidelines for larger households.

Have questions?







For more information about qualifying for the MFA program, or to see which health care services it pays for, visit kp.org/mfa/scal, call **1-800-390-3507** (TTY 711), or scan this code.

For more information about health care coverage options, call us at **1-800-479-5764** (TTY 711).



How to apply

If you meet the eligibility requirements, you can apply in any of these ways.

 <p>Online</p>	<ul style="list-style-type: none"> • Complete the MFA application online kp.org/mfa/scal • Be prepared to provide all the information listed on the MFA application on the next page.
 <p>Fax it</p>	<ul style="list-style-type: none"> • Complete the MFA application on the following page. • Fax your completed application to 1-866-519-1693.
 <p>Mail it</p>	<ul style="list-style-type: none"> • Complete the MFA application on the following page. • Mail your completed application to: Kaiser Permanente MFA Program PO Box 7086 Pasadena, CA 91109-7086
 <p>Drop it off</p>	<ul style="list-style-type: none"> • Complete the MFA application on the following page. • Drop off your completed application at your local Kaiser Permanente Hospital Admitting Department.
 <p>Meet with a financial counselor</p>	<ul style="list-style-type: none"> • Meet with a financial counselor at one of our designated facilities, Monday through Friday, 8 a.m. to 5 p.m. PST. • Be prepared to provide all the information listed on the MFA application on the next page.
 <p>Call us</p>	<ul style="list-style-type: none"> • Call us at 1-800-390-3507 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. PST. • Be prepared to provide the information listed on the MFA application on the next page.

Important: When applying online, by mail or fax, or dropping off your application in person, please be sure to fill out the application as much as you can. Missing information may delay the processing of your application and could result in a denial for assistance.

Proof-of-income documentation

Income verification is part of determining eligibility for medical financial assistance. Including proof-of-income documentation with your completed application will assist in confirming the accuracy of your income during the review process.

Patients that choose to verify their financial status by providing financial documentation can submit most recent paystubs or income tax return for current tax year only for documentation of income. Kaiser Permanente will also accept additional proof-of-income documentation. The table below lists the optional documents to submit according to your household income source(s).

Household Income Source(s)	Provide Only One of the Following per Income Source
Business/rental income	<ul style="list-style-type: none"> Recent W-2s, 1099 statement(s) or tax return
Employment income/wages	<ul style="list-style-type: none"> Recent pay stubs Recent W-2s, 1099 statement(s) or tax return
Received pension/retirement/annuities income	<ul style="list-style-type: none"> Recent pay stubs Recent W-2s, 1099 statement(s) or tax return <p>Examples of other options:</p> <ul style="list-style-type: none"> Pension/retirement disbursement statement
Self-employed income	<ul style="list-style-type: none"> Recent pay stubs Recent W-2s, 1099 statement(s) or tax return
Social Security/supplemental security income	<p>Examples of other options:</p> <ul style="list-style-type: none"> Benefit verification letter from Social Security Administration Social Security statement
Unemployment benefits/disability income	<ul style="list-style-type: none"> Recent W-2s, 1099 statement(s) or tax return <p>Examples of other options:</p> <ul style="list-style-type: none"> Unemployment/disability benefits verification letter
Veteran benefits income	<ul style="list-style-type: none"> Recent W-2s, 1099 statement(s) or tax return <p>Examples of other options:</p> <ul style="list-style-type: none"> VA benefits verification letter
Government assistance (e.g., Medicaid, TANF, SNAP, WIC, or low-income housing)	<p>Examples of other options:</p> <ul style="list-style-type: none"> Approval of eligibility letter
Interest or dividends income	<ul style="list-style-type: none"> Recent tax return
Spousal/child support payments received	<p>Examples of other options:</p> <ul style="list-style-type: none"> A letter showing monthly gross income received for child support or alimony
No household income	<p>Examples of other options:</p> <ul style="list-style-type: none"> Written attestation/explanation

What to expect after you apply

After we review your completed application, we'll let you know one of the following outcomes within thirty (30) days of receipt:

- If your application is approved, you'll receive a letter notifying you of your financial award.
- If your application is incomplete, you'll receive a letter explaining the information needed to process your application. You can either mail or in-person drop off the requested information; this could include proof of income or copies of your out-of-pocket expenses.

If your application is denied, you'll receive a letter notifying you why it was denied, in which case you can appeal our decision. **Need help?**

If you have any questions or need help with your application or need to check the status of your application, please call **1-800-390-3507** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m., PST. You can also talk to a financial counselor at any Kaiser Permanente location.

Hospitals' shoppable services

A list of pricing information for 300 shoppable services is available at kp.org/price-transparency. These services can be scheduled in advance by a patient. The prices for some of these services are based on a typical length of stay at the hospital and not based on the individual care that may be required.

Other beneficial programs and extra resources

We're here to support you however we can. If you need help with essentials like food, housing, paying for internet or other utilities, and more, the Kaiser Permanente Community Support Hub can help connect you to resources in your community. Call **1-800-443-6328** (TTY **711**), Monday through Friday between 8 a.m. and 5 p.m. or visit kp.org/socialhealth.

Help paying your bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at **1-888-804-3536** or go to healthconsumer.org for more information.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Medical Financial Assistance (MFA) Program Application

Section 1: Patient Information

NAME		MEDICAL RECORD NUMBER (OPTIONAL)	
DATE OF BIRTH	SOCIAL SECURITY NUMBER (OPTIONAL)		<input type="checkbox"/> I do not have a Social Security Number
MAILING ADDRESS (STREET)			
CITY		STATE	ZIP CODE
Is patient currently unhoused? <input type="checkbox"/> Yes <input type="checkbox"/> No		PRIMARY PHONE NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Other

Is the patient enrolled in a state-based assistance program such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Women, Infants & Children (WIC), low-income housing, or Medicaid? Yes No

Section 2: Household Information

Household size: Patient's household includes:

1. For persons 18 years and older - a spouse, domestic partner, and dependent children under 21 years, whether living at home or not.
2. For persons under 18 years - a parent, caretaker relatives, and other children under 21 years of parent or caretaker relative.

Household income (monthly): Total gross income (income before taxes and deductions) for all household members over 18 years of age. Check ALL income types that apply:

- | | |
|---|--|
| <input type="checkbox"/> Business/rental income | <input type="checkbox"/> Social Security/supplemental security income |
| <input type="checkbox"/> Employment income/wages | <input type="checkbox"/> Unemployment benefits/disability income |
| <input type="checkbox"/> Veterans benefits income | <input type="checkbox"/> Spousal/child support payments received |
| <input type="checkbox"/> Interest or dividends income | <input type="checkbox"/> Received pension/retirement/annuities income |
| <input type="checkbox"/> Self-employed income | <input type="checkbox"/> No one in my household is earning or has received income in the past 2 months |

If the annual gross income for all household members is zero, check the attestation box above and below, provide a written explanation as to how the adult family members in the household support yourselves without income, i.e., food, shelter, utilities, and other necessities.

\$ _____

Health care costs: Total out-of-pocket expenses you had over a 12-month period for emergency or medically necessary services provided by Kaiser Permanente or any other health care provider. May include copays, deposits, coinsurance, or deductible payments for eligible medical, pharmacy, or dental services.

\$ _____

Please list all members of your household applying for Medical Financial Assistance.

Name	Date of birth	Relationship	Medical record #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Uninsured? Kaiser Permanente can help. If you do not have health care coverage, we can help you understand your options. Check this box if you would like Kaiser Permanente to contact you to discuss your options or you can call us at **1-800-479-5764 (TTY 711)** to obtain a quote.

Yes, contact me

I hereby declare that all information set forth above in this application is true, accurate, and complete in all respects. I also acknowledge and agree that I am liable to Kaiser Foundation Health Plan and Hospitals (KFH/HP) for all amounts owing to Kaiser Foundation Health Plan and Hospitals for medical goods and services that are not eligible under the program (the "Remaining Amounts").

Note: When proof-of-income is not provided, Kaiser Foundation Health Plan and Hospitals will use information from consumer credit reporting agencies and other third-party information sources to determine eligibility for federal, state, and private medical programs, including the MFA Program.

By submitting this application, I provide KFH/HP permission to request information from consumer credit reporting agencies and other third-party information sources to verify any information provided in this application that is deemed necessary.

SIGNATURE	DATE
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Every reasonable effort will be made to process your application promptly and once your application has been reviewed you will receive a letter confirming the outcome.

NOTICE OF LANGUAGE ASSISTANCE SERVICES

English: If you need help in your language, language assistance is available at no cost to you, 24 hours a day, 7 days a week (closed holidays). Call our Member Service Contact Center at 1-800-464-4000 (TTY 711) for help or visit any registration desk for more information at any Kaiser Permanente hospital, Monday through Friday, 8 a.m. to 5 p.m. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available.

Arabic: إذا احتجت إلى مساعدة بلغتك، فتتوفر خدمات المساعدة اللغوية بصورة مجانية على مدار 24 ساعة في اليوم و 7 أيام في الأسبوع (مغلق أيام العطل). اتصل بمركز اتصال خدمة الأعضاء لدينا على الرقم 1-800-464-4000 (TTY 711) للحصول على مساعدة أو يمكنك زيارة أي مكتب تسجيل لمزيد من المعلومات في أي مستشفى تابع لـ Kaiser Permanente، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى 5 بعد الظهر. وتتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقات مثل توفير المستندات بطريقة برايل ومطبوعة بحروف كبيرة أو بشكل تسجيل صوتي أو بتنسيقات إلكترونية أخرى يسهل الوصول إليها.

Armenian: Եթե լեզվի հարցում օգնության կարիք ունեք, լեզվական աջակցությունն անվճար մատչելի է ձեզ համար օրը 24 ժամ, շաբաթը 7 օր (փակ է տոն օրերին): Օգնության համար զանգահարեք մեր Անդամների սպասարկման կապի կենտրոն 1-800-464-4000 (TTY 711) հեռախոսահամարով կամ լրացուցիչ տեղեկությունների համար այցելեք Kaiser Permanente ցանկացած հիվանդանոցի գրանցման սեղանը երկուշաբթիից ուրբաթ, ժամը 8 a.m.-ից 5 p.m.-ը: Հասանելի են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են՝ փաստաթղթեր բրայլով, խոշոր տպագրով, ձայնագրությամբ և այլ մատչելի էլեկտրոնային ձևաչափերով:

Chinese: 如果您需要使用您的语言获得帮助，我们每周 7 天、每天 24 小时免费提供语言帮助（节假日休息）。请致电 1-800-464-4000 (TTY 711) 联络我们的会员服务联络中心以寻求帮助，或前往任何 Kaiser Permanente 医院的登记台了解更多信息，我们的服务时间为周一至周五上午 8 点至下午 5 点。我们还为残疾人提供辅助工具和服务，例如盲文、大字体、音频和其他无障碍电子格式的文档。

Farsi: اگر نیازمند پشتیبانی به زبان خودتان هستید، کمک زبانی به صورت رایگان در 24 ساعت شبانه روز و 7 روز هفته (به جز روزهای تعطیل) در دسترس است. برای دریافت کمک، روزهای دوشنبه تا جمعه از ساعت 8 صبح تا 5 عصر با مرکز تماس خدمات اعضای ما به شماره 1-800-464-4000 (TTY 711) تماس بگیرید یا برای اطلاعات بیشتر به میز ثبت نام در هر یک از بیمارستانهای Kaiser Permanente مراجعه کنید. کمکها و خدمات برای افراد معلول، از جمله اسناد با خط بریل، چاپ درشت، فرمت صوتی و سایر قالبهای الکترونیکی دسترس پذیر نیز موجود است.

Hindi: यदि आपको अपनी भाषा में सहायता चाहिए, तो भाषा संबंधी सहायता आपके लिए दिन के 24 घंटे, सप्ताह के 7 दिन (छुट्टियों के इलावा) नि:शुल्क उपलब्ध है। सहायता के लिए आप हमारे सदस्य सेवा संपर्क केंद्र को 1-800-464-4000 (TTY 711) पर कॉल कर सकते हैं या अधिक जानकारी के लिए सोमवार से शुक्रवार, सुबह 8 बजे से शाम 5 बजे तक, किसी भी Kaiser Permanente अस्पताल में किसी भी पंजीकरण डेस्क पर जाएं। विकलांग लोगों के लिए सहायता और सेवाएँ भी उपलब्ध हैं, जैसे उभरे अक्षरों में दस्तावेज़, बड़े प्रिंट, ऑडियो और अन्य सुगम इलेक्ट्रॉनिक फार्मेट।

Hmong: Yog tias koj xav tau kev pab ua koj hom lus, ces kuj yeej muaj kev pab txhais lus yam tsis tau them nqi rau koj, 24 teev hauv ib hnuv, 7 hnuv hauv ib lub lim piam (kaw nyob rau cov hnuv so). Hu rau peb Lub Chaw Sib Txuas Lus Pab Cuam Tswv Cuab ntawm tus xov tooj 1-800-464-4000 (TTY 711) txhawm rau thov kom pab los sis mus ntsib lub rooj teev npe twg los tau kom paub ntau ntxiv nyob rau ntawm Kaiser Permanente lub tsev kho mob twg los tau, Hnuv Monday txog Hnuv Friday, 8 teev sawv ntxov txog 5 teev tsaus ntuj. Tsis tas li xwb, kuj tseem yuav muaj cov kev pab dawb thiab cov kev pab cuam rau cov neeg xiam oob qhab tib si thiab, xws li cov ntaub ntawv ua ntawv xuas, luam ua tus ntawv loj, kaw suab lus, thiab lwm yam qauv es lev thaus niv uas tuaj yeem nkag mus siv tau.

Japanese: 母国語でのサポートが必要な場合は、24 時間 365 日（祝日は休業）、無料で言語アシスタントをご利用いただけます。詳細については、メンバーサービスコンタクトセンター（1-800-464-4000、TTY 711）にお電話でお問い合わせいただくか、Kaiser Permanente 病院の受付カウンターお尋ねください（月曜日から金曜日の午前 8 時から午後 5 時）。障がいをお持ちの方には、点字、大活字、音声などのアクセシビリティに対応した電子文書などの支援やサービスもご用意しています。

Khmer: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក យើងមានផ្តល់ជំនួយភាសាដែលអាចរកបានដោយឥតគិតថ្លៃជូនអ្នក 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ (បិទនៅថ្ងៃឈប់សម្រាក)។ ទូរសព្ទទៅមជ្ឈមណ្ឌលទំនាក់ទំនងផ្នែកសេវាកម្មសមាជិករបស់យើងតាមលេខ 1-800-464-4000 (TTY 711) ដើម្បីទទួលបានជំនួយ ឬចូលទៅកាន់កន្លែងចុះឈ្មោះណាមួយសម្រាប់ព័ត៌មានបន្ថែមនៅមន្ទីរពេទ្យ Kaiser Permanente ណាមួយពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 8 ព្រឹក ដល់ 5 ល្ងាច។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្នាប អក្សរពុម្ពធំ សំឡេង និងទម្រង់អេឡិចត្រូនិកដែលអាចចូលប្រើបានផ្សេងទៀតក៏មានផ្តល់ជូនផងដែរ។

Korean: 귀하가 사용하는 언어로 도움이 필요한 경우, 연중무휴 24 시간(공휴일 제외) 무료로 언어 지원 서비스를 이용할 수 있습니다. 가입자 서비스 연락 센터에 1-800-464-4000(TTY 711)번으로 전화하여 도움을 요청하거나 Kaiser Permanente 병원에 있는 등록 데스크를 방문하여 월요일부터 금요일 오전 8 시부터 오후 5 시까지 자세한 정보를 얻을 수 있습니다. 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다.

Laotian: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ກໍ່ຈະມີການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າ, 24 ຊົ່ວໂມງຕໍ່ວັນ, 7 ວັນຕໍ່ອາທິດ (ປິດໃນມື້ວັນພັກຕ່າງໆ). ໂທຫາສູນຕິດຕໍ່ບໍລິການສະມາຊິກ ຂອງພວກເຮົາທີ່ເບີ 1-800-464-4000 (TTY 711) ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອຫຼື ເຂົ້າໄປຫາໂຕະລົງທະບຽນໃດກໍ່ໄດ້ ເພື່ອສອບຖາມຂໍ້ມູນເພີ່ມເຕີມ ຢູ່ໂຮງໝໍຂອງ Kaiser Permanente ແຫ່ງໃດກໍ່ໄດ້, ແຕ່ວັນຈັນ ເຖິງ ວັນສຸກ, 8 ໂມງເຊົ້າ ຫາ 5 ໂມງແລງ. ນອກຈາກນັ້ນ, ກໍ່ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການຕ່າງໆ ສໍາລັບຄົນພິການອີກດ້ວຍ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນຸ່ມ, ພິມເປັນຕົວໃຫຍ່, ສຽງບັນທຶກ ແລະ ຮູບແບບເອເລັກໂຕນິກອື່ນໆທີ່ສາມາດເຂົ້າເຖິງໄດ້.

Mien: Beiv hngangv meih qiex zuqc longc mienh tengx douc benx meih nyei waac bun muangx nor, ninh mbuo mbenc duqv maaih faan waac mienh tengx wangv henh douc waac bun meih muangx mv zuqc heuc meih ndortv nyaanh, yietc hnoi tengx goux junh 24 norm ziangh hoc, yiem norm leiz baaix tengx zuqc 7 hnoi (Cih cuotv gingc nyei hnoi oc). Douc waac lorx taux yie mbuo nyei ziux goux zuangx mienh nyei dinc zangc domh gorn (Member Service Contact Center) yiem njiec naaiv 1-800-464-4000 (TTY 711) liouh tengx ziux goux nzie weih a'fai bieqc lorx taux ninh mbuo faaux mbuoz nyei gorn zangc liouh muangx waac-fienx tipv yiem njiec haaix norm Kaiser Permanente zorc baengc dorng h yaac duqv, yiem leiz-baaix-yietv mingh taux leiz-baaix-hmz, yiem 8 diemv ziangh hoc lung h ndorm mingh taux 5 diemv ziangh hoc lung hmuangx. Ninh mbuo mbenc duqv maaih jaa-dorngx aengx caux gong-bou jauv-louc tengx ziux goux wuaaic fangx mienh, dorh nyungc horng h sou zoux benx nzangc-pokc bun hlou, nqaapv bieqc domh zeiv-fangx, zoux benx waac-qiez bun muangx, aengx caux da'nyeic nyungc horng h gong yiem ga'nyuoz electronic bun longc oc.

Navajo: Saad Diné k'ehjí' bee shiká a'doowól ninízingo, t'áá jíík'e nábeehaz'á, t'áá áhwíjí t'áá áhwíít'ée', tsosts'idjǫ́ ǫ́á'át'ée (dahodiyin nídei'aah góne' éí da'deelkaal). Member Service Contact Centerjǫ́ hodíílni 1-800-464-4000 (TTY 711) éí doodago t'ááni Kaiser Permanente bi azee' ádaal'iníjí' díínáál dóó baa nidíniitaal damóo biiskání dóó niléí nida'iiníshjí' aa'ádaat'é abínigo tseebíí bik'i dahazk'ęęzgo dóó yaa adi'áago ashdla' bik'i dahazkeezjí' ná ǫ́á'át'ée. T'áá háida bits'ǫ́' dóó binisíkeęs bee bich'ǫ́' anídahast'í'ígíí bá ahoot'i' nááná t'áá háida doo da'oo'ínií binaaltsoos yee deiyółta'ígíí bá hóló ałdo' áádóó saad nitsaago bee bik'i da'ashchínígí ałdo' hóló nááná saad bik'i naha'nííígíí ná hóló nááná béesh bee t'áá bí nitsídaakeęsígíí al'ǫ́ ádaa t'éego bee nahwidinitingo ałdo' ná dahóló.

Punjabi: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਦੇ ਦਿਨ ਬੰਦ ਹੈ) ਉਪਲਬਧ ਹੈ। ਮਦਦ ਲਈ ਸਾਡੇ ਮੈਂਬਰ ਸੇਵਾ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ 1-800-464-4000 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਕਿਸੇ ਵੀ Kaiser Permanente ਹਸਪਤਾਲ ਵਿੱਚ, ਸੇਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5 ਵਜੇ ਤੱਕ ਕਿਸੇ ਵੀ ਰਜਿਸਟ੍ਰੇਸ਼ਨ ਡੈਸਕ 'ਤੇ ਜਾਓ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ।

Russian: Если вам требуется помощь на вашем языке, бесплатные услуги перевода доступны круглосуточно в любой день недели (кроме праздничных дней). За помощью и информацией обращайтесь в контактный центр отдела обслуживания участников по номеру 1-800-464-4000 (TTY: 711) или на стойку регистрации любой больницы Kaiser Permanente с понедельника по пятницу с 8:00 до 17:00. Лица с инвалидностью могут получить документы напечатанными шрифтом Брайля или крупным шрифтом, в специальном электронном формате, в виде аудиозаписи, а также другие услуги и помощь.

Spanish: Si necesita ayuda en su idioma, contamos con asistencia de idiomas sin costo alguno para usted las 24 horas del día, los 7 días de la semana (excepto los días festivos). Comuníquese con nuestra Central de Llamadas de Servicio a los Miembros al 1-800-464-4000 (TTY 711) para obtener ayuda. O visite el mostrador de recepción en cualquier hospital de Kaiser Permanente para obtener más información, de lunes a viernes, de 8 a. m. a 5 p. m. También ofrecemos ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles.

Tagalog: Kung kailangan mo ng tulong na nasa iyong wika, may available na tulong sa wika nang wala kang babayaran, 24 na oras sa isang araw, 7 araw sa isang linggo (sarado kapag may mga holiday). Tumawag sa aming Member Service Contact Center sa 1-800-464-4000 (TTY 711) para sa tulong o bisitahin ang anumang mesa para sa pagrerehistro para sa higit pang impormasyon sa alinmang ospital ng Kaiser Permanente, Lunes hanggang Biyernes, 8 a.m. hanggang 5 p.m. Mayroon ding mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumentong nasa braille, malaking print, audio, at iba pang maa-access na electronic na format.

Thai: หากคุณต้องการความช่วยเหลือในภาษาของคุณ คุณสามารถใช้บริการความช่วยเหลือด้านภาษาได้โดยไม่มีค่าใช้จ่ายตลอด 24 ชั่วโมงทุกวัน (ยกเว้นวันหยุดนักขัตฤกษ์) โปรดติดต่อศูนย์ติดต่อบริการสมาชิกที่ 1-800-464-4000 (TTY 711) หากต้องการความช่วยเหลือ หรือไปที่โต๊ะลงทะเบียนที่โรงพยาบาล Kaiser Permanente ทุกแห่งหากต้องการข้อมูลเพิ่มเติม ตั้งแต่วันจันทร์ถึงวันศุกร์เวลา 8.00 น. ถึง 17.00 น. และยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์ สิ่งพิมพ์ขนาดใหญ่ เสียง และรูปแบบช่วยการเข้าถึงอิเล็กทรอนิกส์อื่นๆ ด้วยเช่นกัน

Ukrainian: Якщо вам потрібна допомога вашою мовою, безкоштовні послуги перекладу доступні цілодобово в будь-який день тижня (за винятком святкових днів). По допомогу чи докладнішу інформацію звертайтеся до контактному центру відділу обслуговування учасників за номером 1-800-464-4000 (TTY: 711) або на стійку реєстрації будь-якої лікарні Kaiser Permanente з понеділка до п'ятниці з 8:00 до 17:00. Особи з інвалідністю можуть отримати документи надрукованими шрифтом Брайля або великим шрифтом, у вигляді аудіозапису чи в спеціальному електронному форматі, а також інші послуги та допомогу.

Vietnamese: Chúng tôi cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ 24/7 (đóng cửa vào những ngày lễ), nếu quý vị cần được hỗ trợ bằng ngôn ngữ của quý vị. Vui lòng gọi điện đến Trung Tâm Liên Lạc Ban Dịch Vụ Hội Viên theo số 1-800-464-4000 (TTY 711) để được trợ giúp hoặc đến quầy đăng ký bất kỳ tại mọi bệnh viện của Kaiser Permanente để hỏi thêm thông tin, chúng tôi phục vụ từ thứ Hai đến thứ Sáu, từ 8 giờ sáng đến 5 giờ chiều. Ngoài ra, chúng tôi cũng cung cấp công cụ hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, bản in khổ chữ lớn, dạng âm thanh và các định dạng điện tử để truy cập khác.