Request for Reimbursement

vsp vision care

Did you see an out-of-network doctor? We are here to help.
If you have out-of-network benefits, these are your options:

ONLINE

The way to go. It's secure, you can check claim status, get paid faster, and save on paper. Click the button below or go to **vsp.com** to log into your account and complete an internet form. You can also create an account there if you don't have one yet.

I Want To Get Paid Faster

OR

BY MAIL

Still want to mail the form in? Follow the form instructions on the next page.

TIPS TO SPEED CLAIMS PROCESSING:

Missing or incomplete information will slow down claims processing.
Be reimbursement ready by making sure the following are done:

- Copy of itemized receipts or service statements that contain the following:
  - Doctor's name or office name
  - Name of patient
  - Date of service
  - Each service received and the amount paid
- You typically have 12 months from the date of service to submit for reimbursement.
- Make sure all required fields have a value and dates are in the following format: Month/Day/Four-Digit Year.
- If you have Laser Vision coverage and are submitting for reimbursement:
  - The itemized receipt and/or letter from your provider must contain the following information
  - Which eye(s) received the surgery
  - Surgeon Name or Facility Name
  - Surgery DOS
  - Type of procedure (e.g. PRK, LASIK, Custom LASIK and Custom PRK)
  - Cost of procedure
  - Member's name
  - Member's ID number (This may be the member's SSN or member's unique ID number)
  - Member's mailing address
  - Patient's name
  - Patient's DOB
  - Patient's relationship to the member (e.g. member, spouse, child, etc.)
  - Name of client who provides the VSP® coverage (client name)
- Please note: Laser Vision warranty enhancements are not reimbursable under Laser Vision Care out-of-network. Claims may only be submitted for surgery (one or both eyes) and/or pre/post-operative care.
- Write the amount of the Laser Vision Care claim under "Exam" on the reimbursement form.

Form Instructions

The form must be filled out by the member. All fields flagged with an asterisk (*) are required.
The form is fillable, so you do not have to handwrite. Fill out on a computer, print, and mail in.
If you decide to handwrite, use blue or black ink.

PATIENT SECTION:

1. Select the patient's relation to the member. Choose only one.
2. Enter the patient's date of birth in the following format: Month/Day/Four-Digit Year.
3. Select a gender. Choose only one.
4. Enter the patient's last name and first name.
5. Enter the address, city, state, and ZIP code.
6. The patient's middle initial and ZIP+4 are optional.

MEMBER SECTION:

1. Enter the last four digits of the member's SSN or Unique ID.
2. If the patient is the member, select "Member information below is the same as Patient."
3. Otherwise, enter the member's information:
    a. Enter the member's date of birth in the following format: Month/Day/Four-Digit Year.
    b. Select a gender. Choose only one.
    c. Enter the member's last name and first name.
    d. Enter the first address line, city, state, and ZIP code.
    e. The member's middle initial, second address line, and ZIP+4 are optional.

CLAIM SECTION:

1. Enter the date of service in the following format: Month/Day/Four-Digit Year.
2. Enter the amount charged for each applicable line item. Ensure they match the receipts.
3. Select a lens type.
4. If another insurance company is involved, check the box and attach a copy of the statement showing payment.

PROVIDER SECTION:

1. If the provider's name is known, enter the provider's last name and first name.
2. If the office name is known, enter the provider's office name.
3. Step #1 or #2 or both must contain a value.
4. Enter the first address line, city, state, and ZIP code.
5. The second address line and ZIP+4 are optional.

PRINT AND SIGN SECTION:

1. Review the completed form for accuracy.
2. Read the acknowledgment paragraph.
3. Print the form.
4. Sign the form.
5. Date the form in the following format: Month/Day/Four-Digit Year.
6. Only the form on the next page needs to be mailed in. All other pages are for reference.

VSP Member Reimbursement Form

vsp vision care

To request reimbursement, complete and print this form, enclose a legible copy of your itemized receipt(s), and send them to the following address. Be sure to keep a copy for your records.

VSP
PO Box 495933
Cincinnati, OH 45249

PATIENT

Relation to Member*: *(choose one)*

☐ Member ☐ Domestic Partner ☐ Dependent Parent ☐ Disabled Dependent
☐ Spouse ☐ Child ☐ Full-Time Student ☐ Other

Date of Birth*: *(mm/dd/yyyy)*_____ Gender*: ☐ Male ☐ Female

Last Name*:_____ First Name*:_____ MI:____

Address*:_____

City*:_____ State*:_____ ZIP*:_____ ZIP+4:_____

MEMBER

Last Four Digits of SSN or Unique ID*: _____

☐ Member information below is the same as Patient

Date of Birth*: *(mm/dd/yyyy)*_____ Gender*: ☐ Male ☐ Female

Last Name*:_____ First Name*:_____ MI:____

Address 1*:_____ Address 2:_____

City*:_____ State*:_____ ZIP*:_____ ZIP+4:_____

CLAIM

Date of Service*: *(mm/dd/yyyy)* _____

☐ Another insurance company made payments to you, another insurer, or the doctor's office. If so, attach a copy of the statement showing payment.

Exam..... $
Frame..... $
Lens..... $
Lens Tints or Coatings..... $
Contact Lens Exam/Fitting Evaluation..... $
Contacts..... $

Lens Type*: *(choose one)*
☐ Single
☐ Bifocal
☐ Trifocal
☐ Progressive
☐ Lenticular

PROVIDER

Last Name:_____ First Name:_____

Office Name:_____

Address 1*:_____ Address 2:_____

City*:_____ State*:_____ ZIP*:_____ ZIP+4:_____

PRINT AND SIGN

I acknowledge that the above-named provider is not a VSP Preferred Provider and that VSP cannot guarantee eye care and/or eyewear satisfaction. By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all the information I have provided above is complete and accurate.

Claimant Signature:_____ Date:_____

Fraud Warnings

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly presents false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana, and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Fraud Warnings (Cont.)

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists, or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for penalty of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Nondiscrimination Notice

Discrimination is against the law. VSP Vision™ complies with applicable Federal and State civil rights laws and does not exclude, deny benefits to, or treat people differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, participation in government-sponsored health insurance programs, evidence of insurability, or source of payment.

VSP Vision Provides

- Free aids and services to people with disabilities to help them communicate better with us, such as qualified sign language interpreters and written information in other formats (large print, audio, and other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in their preferred language.
- VSP's nondiscrimination notice is available upon request in the designated threshold and concentration languages and in a way that is ADA-compliance and in an accessible format.

If you require language assistance services, call **800.877.7195**, **711** (TTY).

If you believe VSP Vision directly, through a contractor, or any other entity with which VSP® arranges to carry out its programs has failed to provide these services or unlawfully discriminated based on a protected class noted above, you can file a grievance electronically at **vsp.com** or by mail or phone at:

VSP Nondiscrimination Grievance Coordinator
Attn: Complaint and Grievance Unit
PO Box 997100
Sacramento, CA 95899-7100
800.615.1883, **711** (TTY)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, DC 20201
800.368.1019, **800.537.7697** (TTY)

Language Assistance Services Available

English
ATTENTION: If you speak another language, language assistance services, including oral interpretation and translated written materials, are available to you free of charge and in a timely manner. Call 1-800-877-7195 (TTY: 711).

Shqip (Albanian)
VËMENDJE: Nëse flisni një gjuhë tjetër, shërbimet e asistencës gjuhësore, duke përfshirë interpretimin me gojë dhe përkthimin e materialeve me shkrim, janë në dispozicionin tuaj pa pagesë. Telefononi 1-800-877-7195 (TTY: 711).

አማርኛ (Amharic)
ትኩረት፡ ሌላ የተለየ ቋንቋ የሚናገሩ ከሆነ፣ የቋንቋ እርዳታ አገልግሎቶችን ለምሳሌ የንግግሮች ትርጉም እና የተተረጉመው በጽሁፍ ያሉ ኢጋሸር መሳሪያዎችን ያለምንም ወጪ እና በፍጥነት ማግኘት ይችላሉ። ወደ 1-800-877-7195 (TTY: 711) ይደውሉ።

(Arabic) العربية
تنبيه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية، بما فيها الترجمة الفورية وترجمة المواد المكتوبة، متاحة لك مجانًا وعلى نحوٍ ملائم. اتصل بالرقم 1-800-877-7195 (خدمة الهاتف النصّي: 711).

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք այլ լեզվով, ապա Ձեզ անվճար և ժամանակին կարող են տրամադրվել լեզվական աջակցության ծառայություններ, ներառյալ բանավոր թարգմանություն և թարգմանված գրավոր նյութեր: Զանգահարեք 1-800-877-7195 (TTY՝ 711):

(Assyrian) ܣܘܪܝܝܐ
ܫܡܘܥ ܗܘ ܕܐܢ ܐܢܬ ܡܡܠܠ ܠܫܢܐ ܐܚܪܢܝܬܐ، ܫܝܪܘܬ ܕܥܙܪܐ ܠܫܢ̈ܐ، ܗܘ ܒܗܘ ܬܘܪܓܡܢܘܬܐ ܦܘܡܝܬܐ ܘܚܘܒ̈ܪ̈ܐ ܬܪ̈ܓܡ̈ܐ ܒܟܬܒܐ، ܡܬܚܫܒ̈ܝܢ ܠܟ ܒܠܐ ܡܚܐܠ ܘܒܙܡܢܐ ܡܫܟܚ̈ܐ. ܨܠ ܠ 1-800-877-7195 (TTY: 711).

বাংলা (Bengali)
মনোযোগ দিন: আপনি যদি অন্য ভাষায় কথা বলেন, তাহলে মৌখিক ব্যাখ্যা এবং অনূদিত লিখিত উপকরণ সহ ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে এবং সময়োপযোগীভাবে উপলব্ধ। 1-800-877-7195 (TTY: 711) নম্বরে কল করুন।

Bosanski (Bosnian)
PAŽNJA: Ako govorite drugi jezik, usluge jezične pomoći, uključujući usmeni prevod i prevedene pisane materijale, dostupne su vam besplatno i na vrijeme. Pozovite 1-800-877-7195 (TTY: 711).

中文 (Chinese)
請注意：如果您說其他語言，您可免費且及時地獲得語言協助服務，包括口譯和書面資料翻譯。請撥打 1-800-877-7195（TTY：711）。

(Farsi) فارسی
توجه: اگر به زبان دیگری صحبت می‌کنید، خدمات کمک زبانی، شامل ترجمهٔ شفاهی و مطالب کتبی ترجمه‌شده به‌صورت رایگان در اختیارتان قرار می‌گیرد. با شمارهٔ 1-800-877-7195 تماس بگیرید (TTY:711)

Français (French)
À NOTER : Si vous parlez une autre langue, des services d’assistance linguistique, y compris l’interprétation orale et la traduction de documents écrits, sont disponibles gratuitement et de manière rapide. Appelez le 1 800 877 7195 (TTY : 711).

Pulaar (Fula)
HAKILU: So tawii aɗa haala ɗemngal goɗɗal, sarwisaaji ballondiral ɗemngal, ko wayi no firo haala e binndi, ina tawee tawa a yoɓaali tawa kadi ko e sahaa. Noddu 1-800-877-7195 (TTY: 711).

Deutsch (German)
HINWEIS: Falls Sie eine andere Sprache sprechen, stehen Ihnen Sprachassistenzdienste, einschließlich mündlichem Dolmetschen und übersetztem schriftlichem Material, kostenlos und zeitnah zur Verfügung. Rufen Sie 1-800-877-7195 an (TTY [*Fernschreibmaschine*]: 711).

Ελληνικά (Greek)
ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα, οι υπηρεσίες υποστήριξης στη γλώσσα σας, που περιλαμβάνουν προφορική διερμηνεία και μεταφρασμένο γραπτό υλικό, είναι στη διάθεσή σας δωρεάν και σε εύθετο χρόνο. Καλέστε στο 1-800-877-7195 (TTY: 711).

ગુજરાતી (Gujarat)
ધ્યાન આપો: જો તમે બીજી ભાષા બોલતા હોવ, તો મૌખિક અર્થઘટન અને અનુવાદિત લેખિત સામગ્રી સહિતની ભાષા સહાય સેવાઓ તમને મફત અને સમયસર ઉપલબ્ધ છે. 1-800-877-7195 (TTY: 711) પર કૉલ કરો.

Kreyòl Ayisyen (Haitian Creole)
ATANSYON: Si ou pale yon lòt lang, sèvis èd nan lang, Tankou entèpretasyon oral ak tradiksyon materyèl ekri, San frè epi alè. Rele 1-800-877-7195 (TTY: 711).

Hausa (Hausa)
LURA: Idan kana magana da wani harshe, sabis na taimakon harshe, da ya haɗa da fassarar baki da kayan rubuce-rubucen da aka fassara, suna samuwa a gare ka kyauta kuma a kan kari. Kira 1-800-877-7195 (TTY: 711).

हिंदी (Hindi)
कृपया ध्यान दें: अगर आप कोई अन्य भाषा बोलते हैं, तो मौखिक तौर पर व्याख्या और अनुवादित लिखित सामग्री के साथ-साथ भाषा सहायता सेवाएँ आपके लिए मुफ़्त में और समय पर उपलब्ध होती हैं। 1-800-877-7195 (TTY: 711) पर कॉल करें।

Hmoob (Hmong)
LUS CEEV: Yog koj hais lwm hom lus, muaj kev pab cuam txhais lus, suav nrog rau kev txhais lus ntawm ncauj thiab txhais tej ntaub ntawv, muaj rau koj yam tsis sau nqi li thiab raug raws sij hawm. Hu rau 1-800-877-7195 (TTY: 711).

Bahasa Indo (Indonesia)
PERHATIAN: Jika Anda berbicara dalam bahasa lain, layanan bantuan bahasa, termasuk penerjemahan lisan dan terjemahan materi tertulis, tersedia bagi Anda secara gratis dan tepat waktu. Telepon 1-800-877-7195 (TTY: 711).

Italiano (Italian)
ATTENZIONE: Per chi parla un'altra lingua, i servizi di assistenza linguistica, compresi i servizi di interpretazione orale e la traduzione di documenti scritti, sono disponibili gratuitamente e in maniera tempestiva. Chiama il numero 1-800-877-7195 (TTY: 711).

日本語 (Japanese)
注：別の言語をご希望の場合は、口頭での通訳や書面の翻訳を含む言語支援サービスを無料でご利用いただけます。1-800-877-7195（テレタイプライター：711）までお電話ください。

ខ្មែរ (Khmer/Cambodian)
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាផ្សេង នោះសេវាជំនួយផ្នែកភាសា ដែលរួមមានការបកប្រែផ្ទាល់មាត់ និងឯកសារជាលាយលក្ខណ៍អក្សរដែលបានបកប្រែរួច មានផ្តល់ជូនសម្រាប់អ្នកដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ ហៅទូរសព្ទទៅលេខ 1-800-877-7195 (TTY៖ 711)។

Ikirundi (Kirundi)
UMWITWARARIKO: Nimba uyaga urundi rurimi, serevise z'ugufashwa mu vy'indimi, harimwo uguhindura amajambo n'uguhindura ibitabu vyanditse, woyironka ataco urishe kandi mu kiringo kibereye. Tera akamo 1-800-877-7195 (TTY: 711).

한국어 (Korean)
주의: 다른 언어를 사용하시는 경우, 구두 통역 및 서면 자료 번역을 포함한 언어 지원 서비스를무료로 적시에 이용하실 수 있습니다. 1-800-877-7195번으로 전화하십시오(TTY: 711).

Bǎsɔ́ɔ̀-wùɖù [Kru (Bassa)]
TÒ ĐÙŬ NƆ̀MƆ̀ DYÍIN CÁO: M̀ dyi Wuɖu ká kó ɖo, wùɖù-po-nyɔ̀ jŭĭn, à ɓéɖé nyɔ ɓě ɓɛ wa ɓɛ́ìn m̀ gbo kpáa ɖé nì wúɖuɔ̀ mú ɓó pídyi kɛ. Cɛ̃ ɔ jè ɖé nì kṵ̃à-nyu-naínɔ̀ jɛ́ɛ́ cá ké dè dya déén dènɛ̀-cèè-ɖɛ̀. 1-800-877-7195 (TTY: 711) ɖá.

ພາສາລາວ (Lao)
ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມທັງການແປປາກເປົ່າ ແລະ ແປເອກະສານສານ, ມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ແລະ ທັນເວລາ. ໂທຫາ 1-800-877-7195 (TTY: 711).

Te Reo Māori (Maori)
Kia mataara mai Mehemea he kōrero reo kē anō koe, e wātea ana mōu he ratonga reo, pēnei me te whakawhiti reo ā-waha, pēnei hoki me he whakawhitinga kōrero ā-tuhi nei ki tōu ake reo. Horekau he utu o ēnei ratonga reo, ka mutu, ka oti wawe mōu. Waea mai ki a 1-800-877-7195 (TTY: 711)

Mien (Mien)
CAU FIM JANGX OC: Beiv hnangv meih gorngv ganh fingx waac, ninh mbenc ziangx tengx porv waac bun, lemh porv benx baeqc waac bun muangx aengx caux fiev bieqc sou bun doqc, mbenc ziangx wangv henh tengx mv heuc ndortv nyaanh cingv aengx caux jiepv sih liuc leiz tengx hingh qiemx longc nyei zuangh hoc. Mborqv finx lorz taux 1-800-877-7195 (TTY: 711).

Diné k'ehjí (Navajo)
KWE'É SHOO DÍÍ YÍNÍŁTA': Nááná ła' saad bee yáníłti'go da, éí díí saad choo'íįgi bee níká i'doowołígíí ła' dahóló, há ata' hane'go ałdó' bee ahóót'i' dóó saad dabiká'ígíí t'áá hó hazaadk'ehjí bee hoł náháne'go nidi bee haz'á, díí t'áá át'é ná hóló̧o̧go át'é t'áá ch'íík'eh, doo bik'é azláágóó. Kojį' hodíílnih 1-800-877-7195 (TTY: 711).

नेपाली (Nepali)
ध्यान दिनुहोस्: तपाईं अर्को भाषा बोल्नुहुन्छ भने मौखिक अनुवाद र अनुवादित लिखित विषयवस्तुहरू सहित भाषा सहायता सेवाहरू तपाईंका लागि नि: शुल्क र समयमै उपलब्ध छन्। 1-800-877-7195 (TTY: 711) मा फोन गर्नुहोस्।

Oromo (Oromo)
XIYYEEFFANNOO: Afaan biroo dubbattu yoo ta'e, afaanin hiikuu fi barruuwwan hiikaman dabaaltee tajaajilliwwan hiika afaanii bilisaa kan yeroosaa eeggate jira. 1-800-877-7195 (TTY: 711) tti bilbilaa.

(Persian) فارسی
وجه: اگر شما به زبان دیگر صحبت می کنید، خدمات کمک زبان به شمول ترجمه شفاهی و مواد کتبی ترجمه شده برای شما بطور رایگان و در اسرع وقت قابل دسترس است. زنگ بزنید به 1-800-877-7195 (TTY: 711).

Polski (Polish)
UWAGA: Jeśli mówisz w innym języku, usługi wsparcia językowego, w tym tłumaczenie ustne oraz przetłumaczone materiały pisemne, są dostępne dla Ciebie bezpłatnie i w odpowiednim czasie. Zadzwoń pod numer 1-800-877-7195 (TTY: 711).

Português (Portuguese)
ATENÇÃO: se fala outro idioma, os serviços de assistência com idiomas, incluindo interpretação oral e materiais traduzidos escritos, estão disponíveis em tempo útil e sem qualquer encargo. Ligue para o 1-800-877-7195 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਸ ਵਿੱਚ ਮੌਖਿਕ ਵਿਆਖਿਆ ਅਤੇ ਅਨੁਵਾਦਿਤ ਲਿਖਤੀ ਸਮੱਗਰੀ ਸ਼ਾਮਲ ਹੈ, ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਅਤੇ ਸਮੇਂ ਸਿਰ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-877-7195 (TTY: 711).

Română (Romanian)
ATENȚIE: Dacă vorbiți o altă limbă, aveți la dispoziție servicii de asistență lingvistică, inclusiv interpretare orală și materiale scrise traduse, în mod gratuit și în timp util. Sunați la 1-800-877-7195 (TTY: 711).

Русский (Russian)
ВНИМАНИЕ! Если вы не говорите на английском, услуги языковой помощи, включая устный и письменный перевод, предоставляются бесплатно и своевременно. Позвоните по номеру 1-800-877-7195 (телетайп: 711).

Srpskohrvatski (Serbo-Croatian)
PAŽNJA: Ako govorite neki drugi jezik, besplatno su vam dostupne pravovremene usluge jezičke pomoći, uključujući usmeni prevod i prevedene pisane materijale. Pozovite 1-800-877-7195 (TTY: 711).

Af-Soomaali (Somali)
FEEJIGNAAN: Haddii aad ku hadasho luuqad kale, adeegyada caawimaada luuqada, oo ay kujiraan turjumaada afka ah iyo xogo la turjumay, ayaad ku heli kartaa qaab bilaash ah adoo helaaya waqtiga saxda ah. Wac 1-800-877-7195 (TTY: 711).

Español (Spanish)
ATENCIÓN: Si habla otro idioma, tendrá a su disposición servicios de asistencia lingüística, incluida la interpretación oral y la traducción de materiales escritos, de forma gratuita y en el momento oportuno. Llame al 1-800-877-7195 (TTY: 711).

Tagalog (Tagalog-Filipino)
PAUNAWA: Kung nagsasalita ka ng ibang wika, may magagamit kang libre at nasa oras na mga serbisyo ng tulong sa wika, kasama na rito ang pasalitang interpretasyon at isinaling nakasulat na materyales. Tumawag sa 1-800-877-7195 (TTY: 711).

ภาษาไทย (Thai)
ข้อควรใส่ใจ: หากคุณพูดภาษาอื่นๆ เรามีบริการช่วยเหลือด้านภาษา ซึ่งรวมถึงการแปลด้วยวาจาและเอกสารที่เป็นลายลักษณ์อักษรฉบับแปล พร้อมให้บริการแก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-800-877-7195 (TTY: 711)

Ko e Lea Faka-Tonga (Tongan)
FAKATOKANGA'I ANGE: Kapau 'oku ke ngaue'aki ha lea kehe, 'oku 'i ai pe 'a e ngaahi ngaue ke tokoni'i koe 'i he fakatonulea pe liliu tohi, 'a ia 'oku 'ikai totongi pea toe 'i ha founga vave foki. Taa ki he 1-800-877-7195 (TTY: 711).

Українською (Ukrainian)
УВАГА! Якщо ви говорите іншою мовою, вам безкоштовно й своєчасно надаються послуги мовної допомоги, зокрема усний переклад і переклад письмових матеріалів. Телефонуйте на номер 1-800-877-7195 (телетайп: 711).

اردو (Urdu)
بملاحظہ: اگر آپ دوسری زبان بولتے ہیں تو، لسانی اعانت کی خدمات، بشمول زبانی ترجمانی اور ترجمہ شدہ تحریری مواد، آپ کے لیے بلا معاوضہ اور بروقت انداز میں دستیاب ہیں۔ 1-800-877-7195 (TTY: 711) پر کال کریں۔

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị nói một ngôn ngữ khác, chúng tôi cung cấp miễn phí và kịp thời cho quý vị các dịch vụ hỗ trợ ngôn ngữ, bao gồm phiên dịch và tài liệu văn bản được biên dịch. Vui lòng gọi 1-800-877-7195 (TTY: 711).

יידיש (Yiddish)
אכטונג: אויב איר רעדט אן אנדערע שפראך, זענען שפראך הילף סערוויסעס, אריינגערעכנט מינדליכע דאלמעטשונג און איבערגעטייטשטע געשריבענע מאטריאלן, אוועילעבל פאר אייך פריי פון אפצאל און אויף א צייטליכע פארנעם. רופט 1-800-877-7195 (TTY: 711).

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