



**Medical Exception/
Prior Authorization/Precertification*
Request for Prescription Medications**

Fax this form to: 1-877-269-9916
OR

Submit your request online at:
<https://navinet.navimedix.com/Main.asp>
Visit www.aetna.com/formulary to access
our Pharmacy Clinical Policy Bulletins.

For FASTEST service, call 1-855-240-0535, Monday-Friday, 8 a.m. to 6 p.m. Central Time

Patient Information		Prescriber Information	
Patient Name		Today's Date	
Patient Insurance ID Number		Physician Name	
Patient Address, City, State, ZIP		Physician Address	
Home Telephone		M.D. Office Telephone Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient Date of Birth	M.D. Office Fax Number	
Diagnosis and Medical Information			
Medication		Strength	Frequency
Expected Length of Therapy	Quantity	Day Supply	If this is a continuation of therapy, how long has the patient been on the medication?
PLEASE CHECK ALL BOXES THAT APPLY:			
Do you want a drug specific prior authorization criteria form faxed to your office? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, no further questions are required).			
<input type="checkbox"/> What condition is the drug being prescribed for? ICD code _____ Diagnosis _____			
<input type="checkbox"/> Does the patient have a diagnosis of cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Please list all medications the patient has tried specific to the diagnosis and specify below: Therapeutic failure, including length of therapy for each drug: _____ Drugs (s) contraindicated: _____ Adverse even (e.g., toxicity, allergy) for each drug: _____			
<input type="checkbox"/> Is the request for a patient with one or more chronic conditions (e.g., psychiatric condition, diabetes) who is stable on the current drug(s) and who might be at high risk for a significant adverse event with a medication change? If so, specify anticipated significant adverse event: _____			
<input type="checkbox"/> Has the condition been confirmed by diagnostic testing? If so, please provide diagnostic test and date: _____			
<input type="checkbox"/> Please provide any pertinent lab testing values for the members diagnosis : _____			
<input type="checkbox"/> Does the patient have a clinical condition for which other alternatives are not recommended based on published guidelines or clinical literature? If so, please provide documentation: _____			
<input type="checkbox"/> Does the patient require a specific dosage form (e.g., suspension, solution, injection)? If so, please provide dosage form: _____			
<input type="checkbox"/> Are additional risk factors (e.g., GI risk, cardiovascular risk, age) present? If so, please provide risk factors: _____			
<input type="checkbox"/> Other: Please provide additional relevant information: _____			
REQUIRED CLINICAL INFORMATION: PLEASE PROVIDE ALL RELEVANT CLINICAL DOCUMENTATION TO SUPPORT USE OF THIS MEDICATION. PLEASE COMPLETE CORRESPONDING SECTION ON BACK PAGE FOR THE SPECIFIC DRUG/CLASS LISTED BELOW. Antiemetic (5-HT3) Agents/Erectile Dysfunction Agents/Stimulants/ Provigil, Nuvigil/Testosterones **FOR ANY DRUG/CLASS NOT LISTED ON THE BACK PAGE, PLEASE ATTACH ADDITIONAL INFORMATION, BUT CANNOT EXCEED TWO PAGES**			
PRESCRIPTION BENEFIT PLAN MAY REQUEST ADDITIONAL INFORMATION OR CLARIFICATION, IF NEEDED, TO EVALUATE REQUESTS			
I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by the health plan sponsor, or, if applicable, a state or federal regulatory agency. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a claim ultimately paid by the United States government or any state government may be subject to civil penalties and treble damages under both the federal and state False Claims Acts. See, e.g., 31 U.S.C. §§ 3729-3733.			
Prescriber Signature			Date
Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return FAX) and arrange for the return or destruction of these documents.			

PLEASE COMPLETE CORRESPONDING SECTION FOR THESE SPECIFIC DRUGS/CLASSES LISTED BELOW AND

☐ **ERECTILE DYSFUNCTION: CIALIS, LEVITRA, VIAGRA, ALPROSTADIL:**

Does the patient require nitrate therapy on a regular OR on an intermittent basis, or is the patient currently taking another ED medication?

☐ Yes ☐ No

If a diagnosis of erectile dysfunction, is it due to neurogenic etiology, vasculogenic etiology, psychogenic etiology or mixed etiology? **Please circle.**

Is it being used for symptomatic Benign Prostatic Hyperplasia (BPH)?

☐ Yes ☐ No

☐ **ANTIEMETIC (5-HT3) AGENTS:**

Is the patient receiving moderate to highly emetogenic chemotherapy? Monthly frequency _____

☐ Yes ☐ No

Is the patient receiving radiation therapy? Monthly frequency _____

☐ Yes ☐ No

If the patient has a diagnosis of Hyperemesis Gravidarum, has the patient experienced an inadequate treatment response to two of the following medications?

vitamin B6, doxylamine, promethazine (Phenergan), trimethobenzamide (Tigan) or metoclopramide (Reglan)?

☐ Yes ☐ No

☐ **TOPICAL TESTOSTERONES REPLACEMENT (lab requirements):**

For testosterone replacement therapy, has the member been confirmed by one of the following

☐ Yes ☐ No

1. two total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available) which were drawn in the morning between 7:00 a.m. and 10:00 a.m. on two different days, **OR**
2. persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available) which were drawn in the morning between 7:00 a.m. and 10:00 a.m. on two different days

☐ **PROVIGIL/NUVIGIL:**

If the patient has a diagnosis of Obstructive Sleep Apnea, is the patient currently using a continuous positive airway pressure (CPAP) machine or other device?

☐ Yes ☐ No

☐ **ADHD STIMULANTS AND NON-STIMULANTS:**

Is this a renewal of existing therapy?

☐ Yes ☐ No

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

This Notice has Important Information. You may need to take action by certain dates to keep your health coverage or help with costs. For help in your language at no cost, you can call the number on your ID card. (English)

Este aviso contiene información importante. Es posible que deba realizar determinadas acciones en ciertas fechas para mantener su cobertura de salud o reducir costos. Para obtener ayuda en español sin cargo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

本通知包含重要資訊。您可能需要在特定日期前採取行動，以保留您的健康承保或關於費用的協助。如欲免費取得中文幫助，您可撥打您保險卡上的電話號碼。(Chinese)

Le présent avis contient des informations importantes. Vous devrez peut-être prendre des mesures à partir de certaines dates pour garder votre couverture santé ou obtenir des aides pour payer les coûts. Pour obtenir de l'aide en Français sans frais, vous pouvez appeler le numéro sur votre carte d'identification. (French)

Ang Abisong ito ay Naglalaman ng Mahalagang Impormasyon. Maaaring mangailangang kumilos ka sa tiyak na mga petsa upang mapanatili ang iyong saklaw pangkalusugan o tulong na may gastos. Para sa tulong sa Tagalog na walang gastos, maaari kang tumawag sa numero sa iyong ID card. (Tagalog)

Díí saad ílíníí baa hane'. Díí níké'ésí'ígíí éí doodago béeso da bee níká a'doowolígíí bikáa'go da át'ée dooleel áko t'áadoo bee e'e'aahí baa yíkaahgóó tsxííłgo hasht'e dííłíł níí da dooleel. (Diné k'ehjí) bee shíká a'doowol nínízingo Naaltsoos nanítingo bee néého'dolzinígíí béesh bee hane'í bikáa' áko áají' hodiilnih t'áadoo bááh ílínígóó (Navajo)

Diese Mitteilung enthält wichtige Informationen. Wenn Sie Ihren Krankenversicherungsschutz beibehalten möchten oder Hilfe beim Bestreiten der Kosten benötigen, müssen Sie u. U. innerhalb einer bestimmten Frist handeln. Für kostenfreie Hilfe auf Deutsch können Sie die Nummer auf Ihrer Versicherungskarte anrufen. (German)

Ky njoftim përmban informacion të rëndësishëm. Juve do t'ju duhet të merrni masat e duhura përpara afateve të përcaktuara për të ruajtur siguracionin shëndetësor ose asistencën shëndetësore mbi kostot. Për asistencë falas në gjuhën shqipe, ju mund të telefononi në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

ይህ ማስታወቂያ ጠቃሚ መረጃ አለው። የጤና ሽፋንዎን ለመጠበቅ ወይም በክፍያ በተወሰኑ ቀናት ውስጥ ወደ ተግባር መግባት አለብዎት። በነጻ ድጋፍ ለማግኘት(አማርኛ) በመታዋቂዋዎ ላለው ሰልክ መደወል ይችላሉ። (Amharic)

يحتوي هذا الإشعار على معلومات مهمة. لذا يجب أن تتخذ الإجراءات اللازمة في المواعيد المحددة للحفاظ على تغطيتك الصحية أو للحصول على مساعدة في التكاليف. ولتلقي المساعدة بـ (اللغة العربية) مجاناً، يمكنك الاتصال على الرقم الموجود في بطاقة الهوية. (Arabic)

Այս ծանուցում ունի կարևոր տեղեկություններ. Դուք կարող եք անհրաժեշտ է միջոցներ ձեռնարկել, ըստ որոշ ժամկետների պահել ձեր առողջության լուսաբանումը, կամ օգնել, ծախսերը. Օգնության համար (հայերեն) ոչ մի գնով, դուք կարող եք զանգահարել է մի շարք ձեզ վրա ID քարտ. (Armenian)

Avi sa a gen enfòmasyon enpòtan ladan. Petèt y ap egziye ou pou pran sèten aksyon nan sèten dat limit yo pou kenbe pwoteksyon sante ou yo oswa ede avèk depans yo. Pou jwenn asistans gratis nan lang Kreyòl Ayisyen, ou kapab rele nimewo a yo ekri nan kat idantifikasyon ou. (French Creole)

Η παρούσα ανακοίνωση περιέχει σημαντικές πληροφορίες. Ίσως χρειαστεί να προβείτε σε κάποιες ενέργειες μέσα σε συγκεκριμένες προθεσμίες για να διατηρήσετε την υγειονομική κάλυψη ή βοήθειά σας με χρέωση. Για βοήθεια στα ελληνικά χωρίς χρέωση, μπορείτε να καλέσετε τον αριθμό που αναγράφεται στην κάρτα σας. (Greek)

આ નોટિસમાં એક મહત્વની માહિતી છે. તમારે અમુક તારીખ સુધીમાં પ્રક્રિયા કરવી પડશે. તમારા આરોગ્ય વિમાની પોલિસીની રકમ સંબંધિત ક્રિયા કે પ્રક્રિયા કરવી પડશે અથવા ખર્ચ ભોગવવો પડશે. (ગુજરાતી)માં કોઈ પણ ખર્ચ વિના મદદ મેળવવા માટે તમારા ઓળખ પત્રમાં આપેલા નંબર પર ફોન કરી શકો છો. (Gujarati)

He mau mana‘o kiko‘ī ma kēia leka ho‘omaopopo nei. Pono ana ‘oe e ho‘okō i kēia mau hana mamua o ka lā palena pau no ka mālama ‘ana i ka mana a kāu ‘inikua mālama ola a i ‘ole i kōkua me nā kāki ‘ia. Inā makemake ‘oe i kōkua ma ka unuhi ‘ana a ka ‘ōlelo Hawai‘i, e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei. (Hawaiian)

इस नोटिस में ज़रूरी जानकारी है। आपको अपनी स्वास्थ्य कवरेज को बनाये रखने या लागतों में सहायता के लिए कुछ विशिष्ट तारीखों तक कार्रवाई करनी पड़ सकती है। बिना किसी लागत के (हिन्दी) में सहायता के लिए, आप अपने आईडी कार्ड पर दिये नम्बर पर कॉल कर सकते हैं। (Hindi)

Daim ntawv ceeb toom no muaj lus qhia tseem ceeb. Koj yuav tsum tau ua qee yam ua ntej cov sib hawm teev tseg kom koj txoj kev pab kho mob dawb los yog kev pab kho mob them nqi qis muaj txuas mus ntxiv. Yog xav tau kev pab hais koj hom lus (Hmoob) pub dawb, koj hu tau rau tus xov tooj ntawm koj daim npav. (Hmong)

Okwa a nwere Ozi dj Mkpá. I nwere ike chọọ ime mmee n’ụfọdụ deeti iji dozie mkpuchi ahụike gi maọbụ nyè aka na imefu ego. Maka ènyèmaka n’Igbo nke efughi ego, i nwere ike kpọọ nomba nọ na kaadi ID gi. (Ibo)

Daytoy a Pakdaar ket Addaan ti Napateg nga Impormasion. Mabalin a kalikagumanyo ti mangaramid ti addang kadagiti espesipiko a petsa tapno agtalinaed ti panangsaklaw iti salun-atyo wenno tulong nga adda bayadanyo. Para iti tulong iti *pagsasao* nga awan bayadanyo, tawaganyo ti numero idia ID cardyo. (Ilocano)

Pemberitahuan ini berisi Informasi Penting. Anda mungkin perlu mengambil tindakan berdasarkan tanggal tertentu untuk mempertahankan tanggungan kesehatan Anda atau bantuan biaya. Untuk bantuan dalam *bahasa Indonesia* tanpa dikenakan biaya, silakan hubungi nomor yang ada pada kartu ID Anda. (Indonesian)

यो सूचनामा महत्त्वपूर्ण जानकारी छ । तपाईंले पाइरहेको स्वास्थ्य बिमा पाइरहन वा तपाईंको खर्चको भुक्तानीमा सहायता पाउन निश्चित समय-सीमाभित्र काम-कारवाही गर्नुपर्ने हुनसक्छ । नेपाली मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस् । (Nepali)

Lëk kē anəŋic thōnrilic kər ba piŋ apieth. Yen akər ba ye kē lëkkē yīn nē dəc loi tē cīn gāau kua nē thaa kərē yen ba loi, ago aguier duōn bīn ya lo tē nəŋ Akīm kua kony nē yōōny de wal ke pan Akim ŋoot ke to thīn abac kē cīn wēu kōərke. Yen na kər bī yī kony nē gēēr de thokic abac ke cīn weu kərke, ke yī cəl nomba tō nē ID card duic. (Nilotic-Dinka)

Denne meldingen inneholder viktig informasjon. Du må kanskje foreta deg noe før visse datoer for å beholde helsedekningen eller for hjelp med kostnader. Hvis du trenger kostnadsfri hjelp på norsk, kan du ringe nummeret på ID-kortet ditt. (Norwegian)

Selle Notice hot wichtige Information. Vielleicht brauchschdt du eppes duhe bis en gewisse Daadem um dei Gsund Inschurans zu behalde odder mit Koschde zu helfe. Fer Hilfe in Deutsch mit kenne Koschde, du kannschdt die Nummer uff dei ID Kaarde aarufe. (Pennsylvanian Dutch)

این اطلاعیه حاوی اطلاعاتی مهم است. ممکن است که لازم باشد شما برای حفظ بیمه سلامت خود و یا کمک به هزینه های درمانی خود در تاریخ های معینی اقداماتی انجام دهید. برای دریافت کمک به زبان فارسی به صورت مجانی، می توانید با شماره تلفن موجود روی کارت شناسایی خود تماس حاصل کنید. (Persian-Farsi)

Niniejsze pismo zawiera ważne informacje. Aby zachować ubezpieczenie zdrowotne lub zaoszczędzić pieniądze konieczne może być podjęcie pewnych działań w określonych terminach. Aby uzyskać bezpłatnie pomoc w języku polskim, proszę zadzwonić pod numer podany na karcie identyfikacyjnej. (Polish)

Este Aviso disponibiliza Informação Importante. Poderá ter de tomar determinadas ações até certas datas para manter a cobertura do seu seguro de saúde ou auxílio com custos e despesas. Poderá contactar o número disponível no seu cartão de identificação para obter assistência em português gratuitamente. (Portuguese)

ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਗਈ ਹੈ। ਆਪਣੀ ਸਿਹਤ ਕਵਰੇਜ ਨੂੰ ਬਣਾਏ ਰੱਖਣ ਲਈ ਜਾਂ ਲਾਗਤਾਂ ਵਿੱਚ ਮਦਦ ਲਈ ਤੁਹਾਨੂੰ ਕੁਝ ਖਾਸ ਤਾਰੀਖਾਂ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨੀ ਪੈ ਸਕਦੀ ਹੈ। ਬਿਨਾਂ ਲਾਗਤ ਦੇ (ਪੰਜਾਬੀ) ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲਈ, ਤੁਸੀਂ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। (Punjabi)

Această înștiințare conține o informație importantă. Veți avea nevoie să luați niște acțiuni la anumite date pentru a menține acoperire asigurării de sănătate respectiv ajutorul cu costurile. Pentru asistență gratuită în românește puteți să ne telefonați la numărul indicat pe cardul dvs. de membru. (Romanian)

В этом Уведомлении содержатся важные сведения. Для того чтобы сохранить страховку или получить помощь в оплате полученных услуг, Вам, возможно, нужно что-то сделать в сроки, указанные в этом уведомлении. Если Вам нужна помощь на русском языке, Вы можете ее бесплатно получить, позвонив по телефону, указанному на Вашей идентификационной карточке участника плана. (Russian)

O lenei Fa’asilasilaga o lo’o iai ni Fa’amatalaga Tāua. E ono mana’omia lou faia o ni gaoioiga e o’o atu i se aso patino ina ia fa’atumau ai lau inisiua mo le soifua mālōlōina pe fesoasoani i tau e totogi. Mo le fesoasoani i le (*Gagana Samoa*) e aunoa ma se totogi, e mafai ona e vala’au i le numera o lo’o i luga o lau pepa ID. (Samoan)

Ova obavijest sadrži važne informacije. Možda ćete morati poduzeti određene mjere do određenog datuma kako biste zadržali zdravstveno osiguranje ili pomoć za plaćanje troškova. Za besplatnu pomoć na hrvatskom jeziku možete da pozovete broj koji se nalazi na Vašoj identifikacijskoj kartici. (Serbo-Croatian)

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Ilani Hii ina Maelezo Muhimu. Huenda uhitaji kuchukua hatua kabla ya tarehe fulani kupita ili uendelee kupata msaada au huduma ya afya kwa kulipa. Ukihitaji usaidizi katika Kiswahili bila malipo, unaweza kupiga simu kwa nambari iliyoko kwenye Kitambulisho chako.(Swahili)

[illegible]

ఈ నోటిస్‌లో ముఖ్యమైన సమాచారం ఉంది. మీ హెల్త్ కవరేజీ ఉంచుకోవడానికి లేదా ఖర్చుల్లో సహాయపడటం కొరకు, నిర్దిష్ట తేదీల్లో మీరు చర్య తీసుకోవాల్సి రావచ్చు, (తెలుగు)లో ఎలాంటి ఖర్చు లేకుండా సాయం కొరకు, మీ ఐడి కార్డు మీద ఉన్న నెంబరుకు మీరు కాల్ చేయవచ్చు. (Telugu)

หนังสือแจ้งนี้มีข้อมูลสำคัญ

คุณอาจต้องดำเนินการภายในวันที่กำหนดเพื่อกองความคุ้มครองด้านสุขภาพหรือความช่วยเหลือเรื่องค่าใช้จ่าย สำหรับความช่วยเหลือเป็น (ภาษาไทย) โดยไม่เสียค่าใช้จ่าย

คุณสามารถโทรไปยังหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ (Thai)

Ko e Fakatōkanga ‘eni ‘okū fu’u mātu’aki Mahu’inga. Kuopau ke ke tōkanga ke ‘uluaki fakahoko ‘i he ‘aho pau ke kei tāuhi pe ‘a ho’o ‘inisua ki he tu’unga fakamo’ui lelei pe ko ha tōkoni ‘o ‘ikai ke toe ‘iai hā tōtōngi. Ki ha’o fiema’u ‘i ha (*lea faka-Tonga*) ‘o ‘ikai hā tōtōngi, pea ‘oku fiema’u ke ke telefoni ki he fika ‘oku ‘asi atu ‘i ho’o kaati ID. (Tongan)

Eei Kapasen Esinesin mi awora Áúchean Pworóus. Mi menei ómw kopwe féeri ekkóóch angaang me mwan ekkóóch pwinin maram ren eán epwe tongeni sópwósópwenó omw néúnéú ewe taropween ánninnisin méoméon ómw kopwe sáfei nón pioing. Ren ánninnisin chiakú nón (*Kapasen Chuuk*) esapw kamé, ka tongeni kékkéeri ena nampaan tengewa mi makketiw wóón noumw ena taropween ID. (Trukese)

Bu Bildirimi Önemli Bilgiler vardır. Sen sağlık sigortası tutmak ya da maliyetleri ile yardımcı olmak için belirli tarihler ile harekete geçmek gerekebilir. hiçbir ücret ödemeden (dilde) yardım için, size kimlik kartında numarayla arayabilirsiniz. (Turkish)

В цьому повідомленні є важлива інформація. Можливо, вам буде потрібно взяти деякі заходи до певних дат, щоб зберегти ваше медичне страхування або зменшити ваші витрати. Щоб безплатно отримати інформацію українською мовою, телефонуйте за номером, вказаним на вашій ідентифікаційній картці учасника плану. (Ukrainian)

اس نوٹس میں اہم معلومات ہیں۔ اپنی ہیلتھ کوریج کو برقرار رکھنے یا اخراجات سے نمٹنے میں مدد کے لیے آپ کو مخصوص تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ بغیر کسی خرچے کے (اردو زبان) میں مدد حاصل کرنے کے لیے، آپ اپنے آئی ڈی کارڈ پر درج نمبر پر کال کر سکتے ہیں۔ (Urdu)

Thông Báo này có Thông Tin quan trọng. Quý vị có thể cần thực hiện vào những ngày nhất định để giữ bảo hiểm của quý vị hoặc được trợ giúp chi phí. Để được trợ giúp bằng tiếng Việt miễn phí, quý vị có thể gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)

די מעלדונג אנטהאלט וויכטיגע אינפארמאציע. איר קענט מעגליך דארפן נעמען שריט ביז געוויסע דאטומען כדי אנצוהאלטן אייער געזונטהייט דעקונג אדער הילף מיט אפצאלן. פאר הילף אין אידיש פריי פון אפצאל קענט איר רופן דעם נומער אויף אייער אידענטיטעט קארטל. (Yiddish)

Ìwé Àkíyèsì yìí ní Àlàyé tó ẹ̀ Pàtàkì nínú. ̀lọ̀wọ̀ lẹ̀ nílò láti gbé ìgbésẹ̀ ní àwọn ọjọ kan láti lẹ̀ ẹ̀í mǎa gbádùn ààbò fún ìtọ́jú ìlera tàbí ìrànṣẹ̀wọ̀ nípá sísan owó fún ìtọ́jú ìlera. Fún ìrànṣẹ̀wọ̀ ní èdè (Yorùbá) láì sanwó, o lẹ̀ pe nọmbà tó wà lórí káàdì ìdánimọ̀ rẹ. (Yoruba)