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បញ្ជីឈ្មោះអ្នកផ្តល់សេវាសុខភាពៃក្នុក

បញ្ជីឈ្មោះនេះមានបច្ចុប ភាពចាប់ពីថ្ងៃទី September 1, 2023។

បញ្ជីឈ្មោះនេះផ្តល់នូវបញ្ជីអ្នកផ្តល់សេវាក្នុងបណ្តាញសម្រាប់គម្រោង **Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield Balance (HMO), Blue Shield Enhanced (HMO), Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), Blue Shield Select (PPO) និង Blue Shield TotalDual Plan (HMO D-SNP)។**

បញ្ជីឈ្មោះនេះគឺសម្រាប់ខោធី Alameda, Fresno, Kern, Los Angeles, Madera, Merced, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Stanislaus និងខោធី Ventura។

*ចំណាំ៖ មិនមែនគ្រប់គម្រោងទាំងអស់ផ្តល់ជូនគ្រប់តំបន់នោះទេ។

ដើម្បីចូ លប្រើប្រាស់បញ្ជីឈ្មោះអ្នកផ្តល់សេវានៃ**គម្រោង** អ្នកអាចចូ លទៅកាន់ **blueshieldca.com/fad** ស្វែងរកផ្នែកបញ្ជីឈ្មោះនៅផ្នែកខាងស្តាំខាងក្រោមទំព័រ រួចហើយចុចលើ Vision Service Plan (VSP) Vision Providers (អ្នកផ្តល់សេវាចក្ខុវិ ស័យ Vision Service Plan (VSP))។
សម្រាប់សំណួ ណាមួយអំពីព័ត៌មានដែលមាននៅក្នុងបញ្ជី ឈ្មោះនេះ
សូមទូរសព្ទទៅផ្នែកថែទាំអតិថិជនតាមរយៈលេខ **(800) 776-4466** (TTY: 711)។ សម្រាប់ Blue Shield Balance (HMO) ហៅទូរសព្ទទៅលេខ **(888) 802-4423** Blue Shield TotalDual Plan (HMO D-SNP) ឬគម្រោង Blue Shield Inspire (HMO D-SNP) សូមហៅទូរសព្ទទៅលេខ **(800) 452-4413 (TTY: 711)** ពីម៉ោង 8 ព្រឹក ដ ល់ម៉ោង 8 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍។

បណ្តាញអ្នកផ្តល់សេវាអាចផ្លាស់ប្តូរបានគ្រប់ពេល ហើយអ្នកនឹងទទួលបានការជូនដំណឹងនៅពេលចាំបាច់។ ដើម្បីដឹងថាតើអ្នកផ្តល់សេវាកំពុងទទួលយកអ្នកជំងឺថ្មីឬអត់នោះ សូម ទាក់ទងអ្នកផ្តល់សេវាដោយផ្ទាល់។

អ្នកផ្តល់សេវាក្រៅបណ្តាញ/អ្នកផ្តល់សេវាមិនជាប់កិច្ចសន្យាមិនមានកាតព្វកិច្ចក្នុងការព្យាបាលសមាជិកនៃគម្រោង **Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield Balance (HMO)**, **Blue Shield Enhanced (HMO), Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), Blue Shield Select (PPO) និង Blue Shield TotalDual Plan (HMO D-SNP)** ទេ លើកលែងតែក្នុងស្ថានភាពសង្គ្រោះបន្ទាន់តែប៉ុណ្ណោះ។ សូមទូរសព្ទទៅលេខផ្នែកថែទាំអតិថិជនរបស់យើង ឬមើលភស្តុតាងនៃការធានារ៉ាប់រងរបស់អ្នកដើម្បីទទួលបានព័ត៌មានបន្ថែម
រួមទាំងការចែករំលែកថ្លៃចំណាយដែលអនុវត្តចំពោះសេវាកម្មក្រៅបណ្តាញ។

ការយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស
សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទទៅ (800) 776-4466 (TTY: 711)។

ឯកសារនេះអាចមានផ្តល់ជូនជាទម្រង់ផ្សេងទៀត ដូចជាការបោះពុម្ពអក្សរធំ ឬទម្រង់ជំនួសផ្សេងទៀត។

Y0118_22_466G_KH_C 08122022
MAPDVIS-001-KH (09/23)

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តារាងមាតិកា

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បញ្ជីឈ្មោះនេះផ្តល់នូវបញ្ជីអ្នកផ្តល់សេវាសុខភាពភ្នែកក្នុងបណ្តាញសម្រាប់គម្រោង Blue Shield 65 Plus, Blue Shield 65 Plus Plan 2, Blue Shield 65 Plus Choice Plan, Blue Shield AdvantageOptimum Plan, Blue Shield AdvantageOptimum Plan 1, Blue Shield Balance, Blue Shield Enhanced (HMO), Blue Shield Select (PPO), Blue Shield TotalDual Plan និងគម្រោង Blue Shield Inspire។ ដើម្បីទទួលបានព័ត៌មានលម្អិតអំពីការធានារ៉ាប់រងសុខភាពរបស់អ្នក សូមមើលភស្តុតាងនៃការធានារ៉ាប់រងរបស់អ្នក (EOC)។

ការធានារ៉ាប់រងលើសុខភាពជាប្រចាំរបស់អ្នកគឺត្រូវបានផ្តល់ជូនដោយ Vision Service Plan (VSP) ដែលជាក្រុមហ៊ុនផ្តល់សេវាសុខភាពភ្នែកដែលមានកិច្ចសន្យាសម្រាប់ Blue Shield of California។ សូមទាក់ទង VSP ប្រសិនបើអ្នកមានសំណួរណាមួយតាមលេខ (800) 877-7195 (TTY: 1-800-428-4833)។ ម៉ោងធ្វើការគឺថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 5 ព្រឹក ដល់ម៉ោង 8 យប់ នៅថ្ងៃសៅរ៍គឺពីម៉ោង 7 ព្រឹក ដល់ម៉ោង 8 យប់ និងនៅថ្ងៃអាទិត្យពីម៉ោង 7 ព្រឹក ដល់ម៉ោង 7 យប់។

អ្នកផ្តល់សេវាក្នុងបណ្តាញដែលបានរាយក្នុងបញ្ជីនេះបានយល់ព្រមផ្តល់ឱ្យអ្នកនូវសេវាកម្មសុខភាពភ្នែកជាប្រចាំ។ អ្នកអាចទៅកាន់អ្នកផ្តល់សេវាក្នុងបណ្តាញណាមួយរបស់យើងដែលមានរាយក្នុងបញ្ជីនេះ។

ជ្រើសរើសអ្នកផ្តល់សេវាក្នុងបណ្តាញណាមួយនៅក្នុងបណ្តាញសេវាសុខភាពភ្នែក ឱ្យធ្វើជាអ្នកផ្តល់សេវាសុខភាពភ្នែកក្នុងកិច្ចសន្យារបស់អ្នក។ អ្នកមិនត្រូវការការអនុញ្ញាតជាមុន (ការយល់ព្រមជាមុន) ពីគ្រូពេទ្យថែទាំបឋមរបស់អ្នកទេ។ ទាក់ទងអ្នកផ្តល់សេវាដោយផ្ទាល់ និងបង្ហាញបណ្ណសម្គាល់សមាជិកគម្រោងរបស់អ្នកនៅពេលប្រើប្រាស់សេវា។ ប្រសិនបើអ្នកត្រូវការការព្យាបាលពីអ្នកឯកទេស គ្រូពេទ្យឯកទេសភ្នែករបស់អ្នកនឹងដោះស្រាយការបញ្ជូនបន្តឱ្យអ្នក។

សមាជិកនៃគម្រោង **Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield Balance (HMO), Blue Shield Enhanced (HMO), Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), Blue Shield Select (PPO) និង Blue Shield TotalDual Plan (HMO D-SNP)** អាចប្រើប្រាស់សេវាពីអ្នកផ្តល់សេវាក្រៅបណ្តាញសម្រាប់សេវាដែលមានការធានារ៉ាប់រង រួមទាំងអ្នកផ្តល់សេវាដែលនៅក្រៅតំបន់សេវាកម្មរបស់គម្រោង។ ការប្រើប្រាស់សេវារបស់អ្នកផ្តល់សេវាក្រៅបណ្តាញនៅខាងក្រៅតំបន់សេវាកម្មរបស់គម្រោងគឺអាចចំណាយប្រាក់កាន់តែច្រើន។ សូមមើលភស្តុតាងនៃការធានារ៉ាប់រង (EOC) របស់អ្នកដើម្បីទទួលបានព័ត៌មានលម្អិតបន្ថែមអំពីការចំណាយ។ ប្រសិនបើអ្នកជ្រើសរើសអ្នកផ្តល់សេវាដែលនៅក្រៅបណ្តាញ អ្នកឬអ្នកផ្តល់សេវារបស់អ្នកនឹងត្រូវបំពេញ និងដាក់បញ្ជូនទម្រង់បែបបទសំណង ដែលអ្នកអាចស្នើសុំដោយការហៅទូរសព្ទទៅផ្នែកថែទាំអតិថិជន។

សូមទាក់ទង VSP ប្រសិនបើអ្នកមានសំណួរណាមួយតាមលេខ (800) 877-7195 (TTY: 1-800-428-4833)។ ម៉ោងធ្វើការគឺថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 5 ព្រឹក ដល់ម៉ោង 8 យប់ នៅថ្ងៃសៅរ៍គឺពីម៉ោង 7 ព្រឹក ដល់ម៉ោង 8 យប់ និងនៅថ្ងៃអាទិត្យពីម៉ោង 7 ព្រឹក ដល់ម៉ោង 7 យប់។

តើតំបន់សេវាកម្មរបស់គម្រោងរបស់យើងគឺជាអ្វី?

ខោនធីនៅក្នុងតំបន់សេវារបស់គម្រោងយើងមានរាយខាងក្រោម។

Blue Shield 65 Plus (HMO)៖ Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura

Blue Shield 65 Plus Choice Plan (HMO)៖ Riverside, San Bernardino

Blue Shield 65 Plus Plan 2 (HMO)៖ Los Angeles, Orange

Blue Shield AdvantageOptimum Plan (HMO)៖ Los Angeles, Orange

Blue Shield AdvantageOptimum Plan 1 (HMO)៖ San Diego

Blue Shield Balance (HMO)៖ Los Angeles

Blue Shield Enhanced (HMO)៖ Los Angeles, Orange

Blue Shield Inspire (HMO)៖ Alameda, Fresno, Los Angeles, Madera, Merced, Orange, Sacramento, San Joaquin, San Mateo, Santa Clara, Stanislaus

Blue Shield Inspire (HMO D-SNP)៖ Fresno, Merced, San Joaquin, Stanislaus

Blue Shield Select (PPO)៖ Alameda, Orange, San Diego

Blue Shield TotalDual Plan (HMO D-SNP)៖ Los Angeles, Orange, San Bernardino, San Diego

តើអ្នកស្វែងរកអ្នកផ្តល់សេវាគម្រោងរបស់យើងដែលផ្តល់ជូននៅក្នុងតំបន់របស់អ្នកដោយរបៀបណា?

ប្រសិនបើអ្នកមានសំណួរអំពីគម្រោង Blue Shield Medicare Advantage របស់អ្នក
ឬត្រូវការជំនួយក្នុងការជ្រើសរើសអ្នកផ្តល់សេវាសុខភាពក្នុក
សូមហៅទូរសព្ទទៅផ្នែកថែទាំអតិថិជនតាមរយៈលេខ **(800) 776-4466** ឬសម្រាប់គម្រោង Blue Shield Balance សូមហៅទូរសព្ទទៅលេខ **(888) 802-4423** ឬសម្រាប់គម្រោង Blue Shield TotalDual Plan (HMO D-SNP) សូមហៅទូរសព្ទទៅលេខ **(800) 452-4413** ឬសម្រាប់គម្រោង Blue Shield Inspire (HMO D-SNP) សូមហៅទូរសព្ទទៅលេខ **(800) 452-4413** (TTY: 711) ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍។ អ្នកក៏អាចចូលទៅកាន់ **blueshieldca.com/fad**។

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Long Beach, CA 90803
(562)986-6373

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(562)422-2020

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5531 E Stearns St Ste A
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12461 W Washington Blvd
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Chau T Nakada OD
9701 W Pico Blvd Ste 215
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10939 W Pico Blvd
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Chris Tran OD
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Los Angeles, CA 90066
(310)390-6287

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(213)386-0001

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(626)793-3475

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Los Angeles, CA 90017
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Christopher Hsu MD
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(323)268-1131

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U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
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1-800-368-1019, 800-537-7697 (TDD)

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A20275MED_1221

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English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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Mien Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

Lao ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄຳຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կամ դեղերի պլանի հետ կապված ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հայերեն իմացող թարգմանիչը: Ծառայությունն անվճար է:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سؤالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیست با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

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Multi-Language Insert
Multi-Language Interpreter Services

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Navajo D77 ats'77s baa 1h1y3 47 doodago azee' bee aa 1h1y3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਦੁਭਾਸ਼ੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫ਼ਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

Mien Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-452-4413. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

Lao ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄຳຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-452-4413. ມີຜູ້ຮູ້ ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կամ դեղերի պլանի հետ կապված ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հայերեն իմացող թարգմանիչը: Ծառայությունն անվճար է:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سؤالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیست با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี