MHCP MEMBER ID



INDIVIDUAL'S NAME (Last, First, MI)

Notification of Eligibility for Behavioral Health Home (BHH) Services

The enrollee listed below is receiving behavioral health home (BHH) services.

ATE OF BIRTH	SO	SOCIAL SECURITY NUMBER		PHONE NUMBER	IS IT OKAY TO LEAVE A MESSAGE Yes No	
STREET ADDRESS			CITY		STATE	ZIP CODE
ontact info	rmation	for the enr	ollee's I	BHH services	team	
HH SERVICES PROVIDER	?					
RIMARY BHH SERVICES	TEAM MEMBER(S) C	CONTACT INFORMATIC	N			
TREET ADDRESS			CITY		STATE	ZIP CODE
HONE NUMBER	FAX NUMBER	EMAIL	ADDRESS			
VEBSITE ADDRESS						
NAME OF YOUR MANAG	ED CARE ORGANIZA	ATION (MCO)				
or internal use on	ly - Commont	to MCO				
or internal ase on	- Comments	, to meo				

LB2 (8-1

800-657-3739

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ያስተውሉ፣ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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Thoy ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက္၊ စဲနမ္၊လိဉ်ဘဉ်တ၊မၤစၢၤကလီလ၊တ၊်ကကျိုးထံဝဲ¢ဉ်လံာ် တီလံာ်မီတခါအံ့ၤန္နဉ်,ကိုးဘဉ်လီတဲစိနီါဂံ၊လ၊ထးအံုးနှဉ်တက္၊

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

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