

담당자 기입란
환자 유형 _____
W/O 금액 \$ _____
S/A 결과: _____ h/h \$ _____
시설 _____
금액 # _____

### I. 환자 인구통계학

환자 이름: \_\_\_\_\_  
 (성) (이름) (중간)  
 \_\_\_\_\_  
 (SSN) (생년월일)

보증인 이름: \_\_\_\_\_  
 (성) (이름) (중간) (SSN) (생년월일)

주소: \_\_\_\_\_  
 (거리) (도시) (주) (우편번호)  
 \_\_\_\_\_  
 (전화)

과거에 Novant Health, Inc. 시설(예: Novant Medical Group, Presbyterian Hospital, Brunswick Community Hospital, Thomasville Medical Center, Forsyth Medical Center 등)을 통해 재정 지원을 신청한 적이 있으십니까? \_\_\_\_\_ 예 \_\_\_\_\_ 아니요.

"예"일 경우 신청일이나 승인일은 언제입니까? \_\_\_\_\_

### II. 가구 정보

결혼 유무 (동그라미 표시)	기혼	미혼	별거 중	가구 내 총원
부양자 이름	부양자 생년월일			

### III. 고용/소득

환자/보증인 고용주:	
월 총 소득액 \$	
소득원 - 현재 상황에 대한 확인 또는 설명을 첨부해 주십시오	
배우자 또는 기타 소득원 및 월 총소득액 \$	
연간 가구 총 소득액 \$	
소득이 없다면 어떻게 부양하십니까?	
거래 중인 은행 계좌가 있습니까?	전년도에 세금 신고를 했습니까?

### IV. 보험 확인

귀하의 고용주는 건강 보험을 제공합니까?	예	아니요
건강 보험이 있습니까	예	아니요
보험사 이름:		
직업이 있습니까?	예	아니요
지난 90 일 기간 안에 실직한 경우, 다음 정보를 제공해 주십시오:		
마지막 고용주 이름 및 고용일:		
고용주 지원 보험사 이름 기입:		
COBRA 혜택을 받을 자격이 있으십니까?		

제공한 정보는 본인이 알고 있는 한 진실하며 완전한 것임을 확인합니다. 허위 정보나 오해의 소지가 있는 정보를 제공할 경우 일체의 재정 지원을 받을 자격이 없게 됨을 이해합니다. 제공되는 정보를 확인하고 관련 연방법과 주법을 준수하여 비용을 청구 및 추심하기 위해 필요한 정보 일체를 공개하도록 허가합니다. 심사 전 소득 증빙이 요구될 수 있습니다. 허용되는 소득 증빙에는 급여명세서, 전년도 세금 신고 사본 또는 현재 급여와 종사 시간이 명시된 고용주가 보낸 서신이 포함되나 이에 국한되는 것은 아닙니다.

환자/보증인 서명: 날짜:			
연방 빈곤선 %:	판정 기준:		
의견/요약:			
면담자 서명		날짜:	
관리자 서명		날짜:	승인됨 / 거부됨
책임자 서명		날짜:	승인됨 / 거부됨
EVP/VP 서명		날짜:	승인됨 / 거부됨

# Notice of nondiscrimination

Novant Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Novant Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Novant Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

**If you need these services, please contact Novant Health interpreter services toll-free at 1-855-526-4411, then select option 3. TDD/TTY: 1-800-735-8262.**

If you believe that Novant Health has not provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient services department  
Attn: Section 1557 coordinator  
200 Hawthorne Lane  
Charlotte, NC 28204

Telephone: 1-888-648-7999 (toll-free)  
TDD/TTY: 1-800-735-8262

[NovantHealth.org/home/contact-us.aspx](https://NovantHealth.org/home/contact-us.aspx)

You may file a grievance by mail, in person at the Novant Health facility where care was provided, or by submitting the form at the link above. If you need help filing a grievance, call toll-free, 1-888-648-7999 or TDD/TTY 1-800-735-8262.

You may 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 online at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html)

**ATTENTION: Language assistance services, free of charge, are available to you. Call 1-855-526-4411. Select option 3. TDD/TTY: 1-800-735-8262.**



# Notice of nondiscrimination

Español (Spanish)	<b>ATENCIÓN:</b> Los servicios de asistencia lingüísticos, gratuitos, están disponibles para usted. Llame al 1-855-526-4411. Seleccione la opción 3. TDD/TTY: 1-800-735-8262.
繁體中文 (Chinese)	注意：您可以享受免費的語言協助服務。請撥打1-855-526-4411。選擇選項3。TDD/TTY：1-800-735-8262。
Tiếng Việt (Vietnamese)	<b>CHÚ Ý:</b> Có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi 1-855-526-4411. Chọn tùy chọn 3. TDD/TTY: 1-800-735-8262.
한국어 (Korean)	주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-855-526-4411 번으로 전화하십시오. 옵션 3을 선택하십시오. TDD/TTY: 1-800-735-8262.
Français (French)	<b>IMPORTANT :</b> Des services d'assistance linguistique gratuits sont à votre disposition. Appelez le +1 855 526 4411. Sélectionnez l'option 3. Dispositif de télécommunication pour sourds et malentendants : +1 800 735 8262.
العربية (Arabic)	ملاحظة: خدمات المساعدة اللغوية المجانية متاحة لك. اتصل على الرقم 1-855-526-4411. اختر الخيار 3. جهاز الاتصال الكتابي/الهاتف النصي: 1-800-735-8262.
Русский (Russian)	<b>ВНИМАНИЕ:</b> Для вас доступна бесплатная услуга языковой поддержки. Позвоните по телефону 1-855-526-4411. Выберите вариант 3. Текстовый телефон/телетайп: 1-800-735-8262.
Tagalog (Tagalog – Filipino)	<b>ATENSYON:</b> May mga libreng serbisyo ng tulong sa wika na available sa iyo. Tumawag sa 1-855-526-4411. Piliin ang opsyon 3. TDD/TTY: 1-800-735-8262.
فارسی (Farsi)	برائے توجہ: 1-855-526-4411 خدمات ترجمہ بہ طور رایگان در اختیار تان قرار دارد. با شماره 1-855-526-4411 را انتخاب کنید. تماس بگیرند. گزینه TDD/TTY: 1-800-735-8262
አማርኛ (Amharic)	ማሳሰቢያ:- የጥንቃቄ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ 1-855-526-4411 ላይ ይደውሉ። አማራጭ 3ን ይምረጡ። TDD/TTY:- 1-800-735-8262.
Deutsch (German)	<b>HINWEIS:</b> Es stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Wählen Sie +1 855 526 4411. Wählen Sie Option 3 aus. TDD/TTY: 1 800 735 8262.
اُردُو (Urdu)	برائے توجہ: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-855-526-4411 پر فون کریں۔ اختیار 3 چنیں۔ TDD/TTY: 1-800-735-8262
हिंदी (Hindi)	<b>ध्यान दें:</b> आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-526-4411 को कॉल करें। विकल्प 3 चुनें। TDD/TTY: 1-800-735-8262.
ગુજરાતી (Gujarati)	<b>સાવધાન:</b> તમારા માટે ભાષા સહાય સેવાઓ, વિના મૂલ્યે, ઉપલબ્ધ છે. 1-855-526-4411 પર કોલ કરો. વિકલ્પ 3 પસંદ કરો. TDD/TTY: 1-800-735-8262.
বাংলা (Bengali)	<b>মনোযোগ দিন:</b> আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা লভ্য আছে। 1-855-526-4411 নম্বরে ফোন করুন। বিকল্প 3 নির্বাচন করুন। TDD/TTY: 1-800-735-8262।

# Notice of nondiscrimination

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Novant Health UVA Health System:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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  - Information written in other languages

**If you need these services, please contact Novant Health interpreter services toll-free at 1-855-526-4411, then select option 3. TDD/TTY: 1-800-735-8262.**

If you believe that Novant Health UVA Health System has not provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient services department  
Attn: Section 1557 coordinator  
200 Hawthorne Lane  
Charlotte, NC 28204

Telephone: 1-888-648-7999 (toll-free)  
TDD/TTY: 1-800-735-8262

[NovantHealth.org/home/contact-us.aspx](https://NovantHealth.org/home/contact-us.aspx)

You may file a grievance by mail, in person at the Novant Health UVA Health System facility where care was provided, or by submitting the form at the link above. If you need help filing a grievance, call toll-free, 1-888-648-7999 or TDD/TTY 1-800-735-8262.

You may 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 online at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

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