Continue your care with Humana Healthy Horizons®

Children and adults with unique care needs—like going through a surgery or receiving home healthcare—need to continue to receive some services under their new plan.

Humana can work with you to help handle your care needs and gather local resources. We have a team of nurses, social workers and others who will work with you one-on-one.

Please check the box or boxes that apply to you or someone in your family

Please fill out this form to help us know what is best for you. Send it back to us in the prepaid envelope included.

 □ Surgery or hospital visits you have planned after signing up □ Home healthcare help you alread □ Physical health equipment you are already using 	□ Pregnar dy get □ Other corre (This does		medical treatment ncy due date: (MM/DD/YYYY) onditions: not include pharmacy-related services cations or prescriptions.)		
Member information					
Full name of member signing up (First/Middle/Last)			Date of birth (MM/DD/YY)		
Address					
City			State	ZIP	
Home phone Work o		r cell phone			
Effective date of enrollment (MM/DD/YYYY)		ID number of member signing up (from ID card)			
Name and phone number of primary care provider					
Name and phone number of provider treating person signing up					
Anything else you'd like to add?			meone from ou team to conta		□ Yes □ No

Auxiliary aids and services, free of charge, are available to you. **1-800-448-3810 (TTY: 711)**, Monday through Friday, from 7:00 a.m. to 7:00 p.m.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

ພາສາລາວ (Lao): ໂທຫາເບ່ໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

ภาษาไทย (Thai): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี

This notice is available at **Humana.com/LouisianaDocuments**.

Humana Healthy Horizons in Louisiana is a Medicaid product of Humana Health Benefit Plan of Louisiana Inc.