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

Please check the box or boxes that apply to you or someone in your family					
 □ Surgery or hospital visits you have planned after signing up □ Home healthcare help you already □ Physical health equipment you are already using 	y get _[□ Pregnar □ Other co (This does	medical treatment ncy due date: (MM/DD/YYYY) onditions: not include pharmacy-related services ations 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 or ()		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?	Would you like someone from our ☐ Yes Care Coordination Team to contact you? ☐ No				





Auxiliary aids and services, free of charge, are available to you. **866-432-0001 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern time.

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.

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。

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

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

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

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

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

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

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

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

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

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

ខ្មែរ (Cambodian): ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។

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

Humana Healthy Horizons in South Carolina is a Medicaid product of Humana Benefit Plan of South Carolina, Inc.

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