

ACTÚE AHORA: Responda al Mercado de Seguros de Salud o puede correr el riesgo de perder la cobertura médica del Mercado o la ayuda que recibe para pagarla.

Recibe esta carta porque desde el Mercado de Seguros de Salud nos informaron que necesitan información adicional para verificar su elegibilidad o la de los miembros de su hogar.

A menos que ya le hayan notificado que tienen los documentos necesarios, envíe una copia de los documentos previamente solicitados al Mercado. Ingrese en su cuenta del Mercado y cárguelos. O bien, envíelos por correo a la dirección que aparece más abajo. Esto permitirá que el Mercado procese su documentación más rápidamente para que pueda seguir recibiendo la cobertura médica y el crédito fiscal o las reducciones de costo compartido para los cuales es elegible, según corresponda. Para obtener más información sobre los documentos que el Mercado necesita que usted envíe, ingrese en su cuenta del Mercado, en [HealthCare.gov](https://www.healthcare.gov), o llame al 1-800-318-2596 (TTY: 711).

¿Qué debo hacer a continuación?

1. Ingrese en su cuenta del Mercado en [HealthCare.gov](https://www.healthcare.gov) y, luego, seleccione su solicitud actual. Si tiene un problema de coincidencia de datos, en su solicitud del Mercado aparecerá el siguiente texto en rojo: “elegibilidad temporal”. Si en su solicitud se incluye este texto, debe brindar más información.
2. Si aún lee “elegibilidad temporal” en su cuenta del Mercado, mire los avisos anteriores que haya recibido para verificar qué tipos de documentos necesita enviar. Más abajo se encuentra una lista completa de documentos para diferentes situaciones. Envíe solo las copias con información necesaria para su situación.
3. Cargue una copia de los documentos a su cuenta del Mercado. Es la manera más rápida para que se procesen los documentos. Use el menú en la parte izquierda de la pantalla para hacer clic en “Application Details” (Detalles de la solicitud). En la siguiente pantalla, verá una lista de todos los problemas de coincidencia de datos (denominados “inconsistencias” en la pantalla) en su solicitud. Siga los pasos para cargar los documentos necesarios y corregir cada problema de coincidencia de datos. Si no puede cargar los documentos, puede enviarlos por correo a la dirección que aparece más abajo. Si envía los documentos por correo, asegúrese de enviar **copias** y guardar los originales a modo de registro.



DE



arizona
complete health.

Dónde enviar las copias de los documentos

Health Insurance Marketplace

Attn: Supporting Documentation

465 Industrial Blvd.

London, KY 40750

Cómo obtener más ayuda

- Visite [HealthCare.gov](https://www.healthcare.gov) o llame al Centro de Comunicación del Mercado al 1-800-318-2596 (TTY: 711). También puede programar una cita con un asistente que pueda ayudarle. La información está disponible en [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Solicite servicios de asistencia lingüística. Si necesita asistencia en un idioma que no sea el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo. La información sobre cómo acceder a estos servicios se incluye en este aviso, en una página por separado. También puede llamar al Centro de Comunicación del Mercado.
- Llame al Centro de Comunicación del Mercado para solicitar una adaptación razonable si tiene alguna discapacidad. Estas adaptaciones están disponibles y se proporcionan sin costo alguno para usted.

Atentamente,

Ambetter from Arizona Complete Health

1-866-918-4450 (TTY 711)

[Ambetter.AZcompletehealth.com](https://www.ambetter.azcompletehealth.com)

Ambetter from Arizona Complete Health está cubierto por Health Net of Arizona, Inc. (nombre comercial: Arizona Complete Health), que es un emisor de planes de salud calificados en el Mercado de Seguros de Salud de Arizona. Esta es una promoción de seguro. © 2024 Health Net of Arizona, Inc (nombre comercial: Arizona Complete Health), <https://ambetter.azcompletehealth.com/>. Si usted o alguien a quien ayuda tiene preguntas sobre Ambetter from Arizona Complete Health y no domina el inglés, tiene derecho a recibir ayuda e información en su idioma sin costo alguno y en el momento oportuno. Si usted o alguien a quien ayuda tiene una condición auditiva o visual que impide la comunicación, tiene derecho a recibir ayudas y servicios auxiliares sin costo alguno y en el momento oportuno. Para recibir servicios de traducción o auxiliares, llame a Servicios al Miembro al 1-888-926-5057 (TTY: 711). Para obtener más información sobre su derecho a recibir atención de Ambetter from Arizona Complete Health libre de discriminación o sobre su derecho a obtener servicios de idiomas, asistencia visual o auditiva, visite www.ambetterhealth.com y desplace el cursor hasta el final de la página.

AMB24-AZ-C-00002

DOCUMENTS NEEDED TO PROVE CITIZENSHIP OR U.S. NATIONAL STATUS

If you want to keep your coverage through the Marketplace, you need to send additional documents proving that you're either a citizen or national, or that you are lawfully present in the U.S. Please keep your original document(s) and send us a copy.

Documents to Prove Your Status as a U.S. Citizen or U.S. National

If you're a citizen, you only need a copy of one document from the first list below to prove U.S. citizenship or nationality:

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued Enhanced Driver's License (available in Michigan, New York, Vermont and Washington)
- Document from a Federally recognized Indian Tribe that includes the person's name, the name of the Federally recognized Indian Tribe that issued the document, and shows the person's membership, enrollment or affiliation with the Tribe. Documents you can provide include:
 - A Tribal enrollment card
 - A Certificate of Degree of Indian Blood
 - A Tribal census document
 - Documents on Tribal letterhead signed by a Tribal official

If you are a U.S. citizen or national but you don't have any of the documents listed above, you need to send copies of documents from the lists below, including one from List A and one from List B OR one from List A and two from List C:

List A. Select 1 document	List B. 1 document from List B (plus 1 from List A):
<ul style="list-style-type: none"> - U.S. public birth certificate - Consular Report of Birth Abroad (FS-240, CRBA) - Certification of Report of Birth (DS-1350) - Certification of Birth Abroad (FS-545) - U.S. Citizen Identification Card (I-197 or the prior version I-179) - Northern Mariana Card (I-873) - Final adoption decree showing the person's name and U.S. place of birth - U.S. Civil Service Employment Record showing employment before June 1, 1976 - Military record showing a U.S. place of birth - U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth - U.S. life, health or other insurance record showing U.S. place of birth - Religious record showing U.S. place of birth recorded in the U.S. - School record showing the child's name and U.S. place of birth - Federal or State census record showing U.S. citizenship or U.S. place of birth 	<ul style="list-style-type: none"> - Driver's license issued by a State or Territory or Identification card issued by the Federal, State, or local government - School identification card - U.S. military card or draft record or Military dependent's identification card - U.S. Coast Guard Merchant Mariner card - Voter Registration Card <p>The documents above must have a photograph or other information such as name, age, sex, race, height, weight, eye color, or address</p> <ul style="list-style-type: none"> - For children under 19, a clinic, doctor, hospital, or school record, including preschool or day care records
	<p>List C. Or 2 documents from List C (plus 1 from List A):</p> <ul style="list-style-type: none"> - Two documents containing consistent information about an applicant's identity, such as employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds or titles
<ul style="list-style-type: none"> - Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3) 	

DOCUMENTS NEEDED TO PROVE IMMIGRATION STATUS

Documents to Prove Immigration Status

Send us your most recent immigration document that shows your current immigration status. The box below presents several types of documents you can submit. Please keep your original document and send us a copy:

- Permanent Resident Card, "Green Card" (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Foreign Passport
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS2019)
- Notice of Action (I-797)
- Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security

DOCUMENTS NEEDED TO PROVE YOUR ANNUAL HOUSEHOLD INCOME FOR 2023

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents proving your household's annual income, including income earned by every member of your household, whether or not they are seeking health coverage. If your expected household income has changed since you submitted your application, please update your information in your Marketplace account on HealthCare.gov, or by calling the Marketplace Call Center at 1-800- 318-2596. The box below presents several types of documents you can submit. You may need to submit more than one document depending on your household's situation (for example, you'll submit multiple documents if your income sources are different than what was included on your last tax return). Please keep your original document(s) and send us a copy.

Documents to Prove Your Annual Household Income

- 1040 Tax Return (Federal or State Versions) - Must contain first and last name, income amount, and tax year.
- W2s and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT) - Must contain first and last name, income amount, year, and employer name (if applicable).
- Pay Stub - Must contain first and last name, income amount, and pay period or frequency of pay with date of payment. If a pay stub includes overtime, please indicate average overtime amount per paycheck.
- Self-Employment Documentation (includes 1040 Schedule C, most recent quarterly or year-to-date profit and loss statement, self-employment ledger) - Must contain first and last name, company name, and income amount. If submitting a self-employment ledger, include dates covered by the ledger, and the net income from profit/loss.
- Social Security Administration Statements (Social Security Benefits Letter) - Must contain first and last name, benefit amount, and frequency of pay.
- Unemployment Benefits (Unemployment Benefits Letter) - Must contain first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).

The dates on these documents may be from 2023. You can provide recent pay stubs if you don't expect your income to change. If you do expect your income to go up or down in 2024, you can provide other documents, like a document that states when contract work will end or what your new wages will be. If any of your income comes from freelance work, you can fill out a self-employment ledger that includes your expected income.

**DOCUMENTS NEEDED TO PROVE YOU’RE NOT ENROLLED IN OR ELIGIBLE FOR QUALIFYING
EMPLOYER-SPONSORED COVERAGE**

If you want to keep the help you’re receiving to pay for Marketplace coverage, you need to send additional documents (examples below) proving that you are neither enrolled in employer-sponsored coverage nor eligible for employer-sponsored coverage that is affordable and meets the minimum value standard. If you’re enrolled in employer health coverage or eligible for employer health coverage that’s affordable and meets the minimum value standard, you should immediately end your Marketplace coverage with premium tax credits. If you still want a Marketplace plan, you’ll have to pay the full price without a tax credit or other savings. The box below presents three types of documents you can submit—you only need to choose one, as relevant. Please keep your original document and send us a copy.

Documents to Prove Your Employer-Sponsored Coverage Status

- Completed Employer Coverage Tool (available at <https://www.healthcare.gov/downloads/employer-coverage-tool.pdf>)
- Letter or other documentation from an employer that includes **one or more of the following**:
 - Statement that the employer doesn’t currently offer coverage to the employee (or the employee’s family member)
 - Statement that the employer doesn’t provide coverage that meets the minimum value standard
 - Statement showing the cost of the employee's share of the premium for the lowest-cost self-only plan that meets the minimum value standard (factoring in wellness incentives), if offered
- Health insurance letter that contains confirmation of health coverage and expiration dates for coverage received outside of the Marketplace

DOCUMENTS NEEDED TO VERIFY YOU’RE NOT CURRENTLY ENROLLED IN COVERAGE OR BENEFITS FROM ANOTHER PUBLIC ENTITY

If you want to keep the help you’re receiving to pay for Marketplace coverage, you need to send in documents (examples below) to prove you’re not currently enrolled in health coverage from another public entity such as Medicare or Medicaid benefits, or health services through the Veterans Administration or through the Peace Corps. Please keep the original and send us a copy. If you are enrolled in health coverage from another public entity, you should immediately end your Marketplace coverage with premium tax credits. If you are enrolled in health coverage from another public entity and you still want a Marketplace plan, you’ll have to pay the full price without a tax credit or other savings. The box below presents several types of documents you can submit—you only need to choose one, as relevant. Please keep your original document(s) and send us a copy.

Documents to Verify You’re Not Currently Receiving Coverage from Another Public Entity

- Letter from health insurer including coverage termination date
- Statement of health benefits that provides confirmation of health coverage and expiration dates
- Letter from Veterans Administration that provides confirmation of health coverage and expiration dates
- Letter from Peace Corps that provides confirmation of health coverage and expiration dates
- Letter or statement of Medicare or Medicaid benefits that proves confirmation of health coverage and expiration dates
- Letter or statement of Medicaid or Children’s Health Insurance Program (CHIP) benefits that proves confirmation of health coverage and expiration dates
 - Consumers should note that some state Medicaid and/or CHIP programs are known by names specific to that state

DOCUMENTS NEEDED TO PROVE YOUR AMERICAN INDIAN OR ALASKA NATIVE STATUS

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents proving your American Indian or Alaska Native status. The box below presents several types of documents you can submit—you only need to choose one, as relevant. Please keep your original document and send us a copy.

Documents to Verify Your American Indian or Alaska Native Status

- Tribal Enrollment/Membership Card
- Authentic document from a tribe declaring membership for an individual
- U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation
 - Enrollment or membership document from a federally-recognized tribe or the Bureau of Indian Affairs (BIA). It must be on tribal letterhead or an enrollment/membership card that contains the tribal seal and/or an official signature
 - Document issued by an Alaska Native village/tribe, or an Alaska Native Corporation Settlement Act (ANCSA) regional or village corporation acknowledging shareholder status
- Certificate of Degree of Indian Blood (CDIB) issued by the BIA or a tribe, if the CDIB includes tribal enrollment information
- Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaska Native shareholder status
- I-872 American Indian Card (Texas and Oklahoma Kickapoo American and Mexican members)

Statement of Non-Discrimination

Ambetter from Arizona Complete Health is underwritten by Arizona Complete Health, which is a Qualified Health Plan issuer in the Arizona Health Insurance Marketplace. Arizona Complete Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. © 2023 Arizona Complete Health. All rights reserved. Ambetter.AZcompletehealth.com

If you, or someone you are helping, have questions about Ambetter from Arizona Complete Health, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive oral interpretation, ASL, written translation, or auxiliary services, please contact Member Services at 1-888-926-5057 (TTY 711). If you believe that Arizona Complete Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics), please contact Member Services at 1-888-926-5057 (TTY 711). You may also submit a grievance by phone to 1-888-926-5057 (TTY 711). For information on filing a discrimination complaint directly with the U.S. Department of Health and Human Services, Office of Civil Rights, please visit <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

AMB23-AZ-C-00056

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Declaración de No Discriminación

Ambetter de Arizona Complete Health está suscrito por Arizona Complete Health, que es un proveedor Calificado de Planes de Salud en el Mercado de Seguros de Salud de Arizona. Arizona Complete Health cumple con las leyes de derechos civiles Federales aplicables y no discrimina por motivos de raza, color de piel, nacionalidad de origen (incluidos un nivel de inglés limitado y la lengua materna), edad, discapacidad o sexo (incluidos el embarazo, la orientación sexual, la identidad de género o las características sexuales). Esta es una solicitud de seguro. © 2023 Arizona Complete Health. Todos los derechos reservados. [Ambetter.AZcompletehealth.com](https://www.ambetter.azcompletehealth.com)

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Arizona Complete Health y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios auxiliares o de traducción, comuníquese con Servicios para Miembros al 1-888-926-5057 (TTY 711). Si considera que Arizona Complete Health no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen (incluidos un nivel de inglés limitado y la lengua materna), edad, discapacidad o sexo (incluidos el embarazo, la orientación sexual, la identidad de género o las características sexuales), comuníquese con Servicios para Miembros al 1-888-926-5057 (TTY 711). También puede presentar una queja por teléfono al 1-888-926-5057 (TTY 711). Para obtener información sobre cómo presentar una queja por discriminación directamente ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU., visite <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

AMB23-AZ-C-00056

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FROM



arizona complete health

English:	If you, or someone you are helping, have questions about Ambetter from Arizona Complete Health, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive oral interpretation, ASL, written translation, or auxiliary services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-866-918-4450 (TTY 711).
Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Arizona Complete Health y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir interpretación oral, lengua de señas estadounidense (ASL), traducción escrita o servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios auxiliares o de traducción, comuníquese con Servicios para Miembros al 1-866-918-4450 (TTY 711).
Navajo:	Daa ni, doodaii la'da ni'bineesh'a dzaądi, be'esdzááh na'ídkid 'aa Ambetter from Arizona Complete Health, dóo bineesh'a góó t'oo 'adee naash'ne di Bilagaana bizaad, ni be'esdzááh la' t'áá 'áko góó bil hánish'áásh dzaądi dóo bika'ashkid di nihí saad gi 'ádin t'áadoo bááhilinigoo dóo di léi na'alkid lahgo 'át'éego. Daą ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh la nish'j dóo/doodaii na'ach'aah 'ahooszoli eii biniish'l'aah bil'alnaa'alwo, ni be'esdzááh la' t'aa 'ako góó baa yiltsóós azee'nimazigii hane'bikazi, ASL, tsetsiin bich'aah na'ada saad naanalahdee', doodaii 'ooljee'lahgo 'anaa'niil tse'esgizii gi 'adin t'áadoo baahilinigoo dóo di léi na'alkid lahgo 'át'éego. Góó yiltsóós saad naánalahdée' doodaii 'ooljee'lahgo 'anaa'niil tse'esgizii, t'aa shoodi deistse' 'Anishtah Tse'esgizii gi 1-866-918-4450 (TTY 711).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Arizona Complete Health 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得口譯、ASL、筆譯或輔助服務。若要取得翻譯或輔助服務，請聯絡會員服務部，電話是 1-866-918-4450 (TTY 711)。
Vietnamese:	Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Ambetter from Arizona Complete Health và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền nhận dịch vụ phiên dịch, ASL, văn bản dịch hoặc dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số 1-866-918-4450 (TTY 711).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Arizona Complete Health، ولم تكن بارعًا باللغة الإنكليزية، فلدنياك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعد تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلدنياك الحق في الحصول على خدمات الترجمة الفورية أو لغة الإشارة الأمريكية أو الترجمة الكتابية أو خدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة أو خدمات إضافية، يرجى الاتصال بخدمات الأعضاء على (1-866-918-4450 (TTY 711)).
Tagalog:	Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Ambetter from Arizona Complete Health, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulongan, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng pasalitang pagsasalin, ASL, nakasulat na pagsasalin, o mga karagdagang serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng mga serbisyo sa pagsasalin o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa 1-866-918-4450 (TTY 711).
Korean:	귀하 또는 귀하의 도움을 받는 분이 Ambetter from Arizona Complete Health에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료로 통역, ASL, 번역 또는 보조 서비스를 받을 권리가 있습니다. 번역 또는 보조 서비스를 받으시려면 1-866-918-4450(TTY 711)번으로 가입자 서비스부에 연락해주시요.
French:	Si vous même ou une personne que vous aidez avez des questions à propos d'Ambetter from Arizona Complete Health et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'une interprétation orale ou en langue des signes (LSF), d'une traduction écrite ou de services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services aux membres au 1-866-918-4450 (TTY 711).

