



BCCHP ENROLLMENT FORM DELOŃ ILO BŪROOKRAAM AN BCCHP

Jouj im Print		Kwe armej kãal ilo BCCHP ke? <input type="checkbox"/> Aet <input type="checkbox"/> Jaab		Authorization #	
Āt Āliktata		Āt Mokta		Initial	
Mōmaan ke Kōrã: <input type="checkbox"/> Kōrã <input type="checkbox"/> Mōmaan <input type="checkbox"/> Mōmaan me ear oktak im kōrã <input type="checkbox"/> Kōrã me ear oktak im mōmaan <input type="checkbox"/> Mōmaan im kōrã <input type="checkbox"/> Bar juon kain jãn mōmaan ak kōrã <input type="checkbox"/> Jab mōmaan ak kōrã <input type="checkbox"/> _____		Ewor mālim ñan: <input type="checkbox"/> CBE <input type="checkbox"/> Pelvic (lp) <input type="checkbox"/> Pap <input type="checkbox"/> Mammogram		Eo ej kōmmaane Raan eo	
Jikin ko bwe ren check: <input type="checkbox"/> Tūtōm <input type="checkbox"/> Jikin niñiñ		Raan in lotak		Nōm̄ba ko 4 ilo jem̄loken SSN (Elaññe kwō kōñaan)	
Address		Clinic / Jikin teej		Appointment Raan eo: _____ Awa: _____	
Jikinkweiloq		State		Zip code	
County		Clinic Chart #			
Nōm̄ba in Telephone Em̄man ke likūt message? <input type="checkbox"/> Aet <input type="checkbox"/> Jaab		lien em̄mantata ñan call: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		M̄weo im̄ōm̄: _____ Cell: _____ Jikin jermal: _____ Bar juon: _____	
Maroñ in pad ilo Būrookraam eo: jej aiku j kōmmaane aolep iio					
Jete jāan ej dełoñ m̄weo mokta jãn tax? \$ _____ Ilo <input type="checkbox"/> Juon allōñ <input type="checkbox"/> Juon iio Jete armej ilo m̄weo im rej mour jãn joñan jāan in? _____					
Em̄oj ke lale elaññe kwō maroñ pād ilo Apple Health <input type="checkbox"/> Aet <input type="checkbox"/> Jaab (un eo _____) Raan eo: _____ E maroñ ke pād ilo Apple Health <input type="checkbox"/> Aet <input type="checkbox"/> Jaab Em̄oj dełoñ ilo Apple Health <input type="checkbox"/> Aet <input type="checkbox"/> Jaab Raan eo: _____					
Ewor ke men kein ippam̄? (kãalōt aolep me rekkar ñan eok) <input type="checkbox"/> Ejeleq Insurance in Taktō & Jab Maroñ Bōk Apple Health (kobaik peba me ej ba jab elaññe ewor ippam̄) <input type="checkbox"/> Medicare Part B <input type="checkbox"/> Apple Health, Medicaid, Provider One # _____ <input type="checkbox"/> Insurance Etan company eo: _____ Deductible: \$ _____ Policy/ID #: _____					
Ewor ke problem kōn tūtōm̄? <input type="checkbox"/> Aet <input type="checkbox"/> Jaab Elaññe aet, ta problem eo? _____ _____					
Kajin eo am̄? (kãalōt aolep kajin me kwō jeļã, kadoulul men eo kwō kōñaan) <input type="checkbox"/> Kajin Pãlle <input type="checkbox"/> Spanish <input type="checkbox"/> Kajin Vietnam <input type="checkbox"/> Kajin China <input type="checkbox"/> Kajin Korea <input type="checkbox"/> Kajin Cambodia <input type="checkbox"/> Kajin Russia <input type="checkbox"/> Bar juon (ta eo: _____) Kwōj aiku j juon ri ukok ke? <input type="checkbox"/> Aet <input type="checkbox"/> Jaab					
Kwe ri ia? (Kãalōt juon ak elōñ) <input type="checkbox"/> Asian <input type="checkbox"/> Ri Kilmeej ak African American <input type="checkbox"/> American Indian ak Alaska Native (kwōn ba tribe eo: _____) <input type="checkbox"/> Ri Mouj <input type="checkbox"/> Ri Hawaii ak jãn bar juon Pacific Island (kwaļok mōk: _____) <input type="checkbox"/> I jaje					
Kwe juon Latina/Latino ak Hispanic ke? <input type="checkbox"/> Aet <input type="checkbox"/> Jaab					
Kwar jikuul loq ñan class jete? (oran iio in jikuul) _____					
Elaññe kwe juon eo e KĀĀL ilo BCCHP, kwar roñ ia kōn būrookraam in? (kãalōt juon wōt)					
<input type="checkbox"/> Clinic <input type="checkbox"/> Juon doulu il jukjuk in pād eo <input type="checkbox"/> Jikin jermal <input type="checkbox"/> Juon armej ear pukot eok		<input type="checkbox"/> Juon mōttam ak nukwōm̄ <input type="checkbox"/> Kwar kapok ilo internet – BCCHP website <input type="checkbox"/> Raar mail wōj im ba <input type="checkbox"/> Kwar lo juon Poster, Peba ak Brochure		<input type="checkbox"/> Radio <input type="checkbox"/> Radiology dept. <input type="checkbox"/> TV <input type="checkbox"/> Bar juon (ba mōk):	

Jouj im FAX peba in ñan BCCHP Prime Contractor ilo: