

**FORWARDHEALTH
LEES PAUB TIAS TAU TXAIS NTAWV QHIA TXOG PHAIS TSEV ME NYUAM
ACKNOWLEDGMENT OF RECEIPT OF HYSTERECTOMY INFORMATION
COV LUS QHIA TEEV DAIM NTAWV
COMPLETION INSTRUCTIONS**

ForwardHealth yuav tsum tau yam puav ntaub ntawv qhia txog cov tswv cuab kom thiab paub tso cai them cov nuj nqis kho mob uas lawv tau txais.

Cov tswv cuab uas tau txais kev pab los ntawm ForwardHealth yuav tsum muab txhua yam muaj tseeb hais txog lawv tus kheej rau tus kws kho mob tso rau hauv daim ntawv uas muab xa mus rau ForwardHealth kom them lawv cov nqi kho mob. Tej yam uas yuav tsum muab kom yog thiab muaj tseeb no kuj muaj xws li lub npe, chaw nyob, thiab tswv cuab tus identification number (DHS 104.02[4], Wis. Admin. Code).

Raws li nqe lus s. 49.45(4), Wis. Stats., tej ntaub ntawv qhia txog tus kheej ntawm cov neeg ua ntawv thov kev pab thiab cov tswv cuab uas twb muaj npe tau txais kev pab lawm yuav tsum muab ceev tsis pub lwm tus paub thiab tsuas muab siv rau txoj kev tswj hwm ntawm ForwardHealth nkaus xwb, xws li siv rau kev txiav txim xyuas seb tus neeg ua ntawv thov kev pab ntawd puas tsim nyog muaj feem tau txais kev pab, puas yuav tso cai muab kev pab ua ntej rau nws, los yog them nws tej nuj nqis kho mob uas tus kws kho mob ua ntawv tuaj kom them. Yog tsis kam muab tej ntaub ntawv hais txog tus kheej uas luag kom muab no, yuav ua rau nws tsis tau txais kev tso cai muab kev pab ua ntej los yog them tej nuj nqi kho mob.

COV LUS QHIA TEEV DAIM NTAWV (INSTRUCTIONS)

Daim Form Lees Paub Tias Tau Txais Ntawv Qhia Txog Phais Tsev Me Nyuam (The Acknowledgement of Receipt of Hysterectomy Information) form, F-01160H, yog tus kws kho mob ua tus teb cov lus kom tas ua ntej nws nqes tes phais lub tsev me nyuam thiab muab tom nrog daim ntawv 1500 Health Insurance Claim Form los yog UB-04 Claim Form. Daim Acknowledgement of Receipt of Hysterectomy Information form, F-01160H, yuav tsum tau ua kom tiav; siv ib daim qauv kom zoo nkaus li daim no. ForwardHealth yuav tsis txais lwm daim uas muab los hloov daim Acknowledgement of Receipt of Hysterectomy Information form, F-01160H (piv txwv li, ib daim uas muab ntaus dua los yog muab kho dua).

Yuav kom ForwardHealth them nyiaj rau qhov phais tsev me nyuam mas yuav tsum siv daim Acknowledgement of Receipt of Hysterectomy Information form, F-01160H. Daim Acknowledgement of Receipt of Hysterectomy Information form, F-01160H, yuav siv tsis tau rau qhov tso cai txiav hlab kom txhob muaj me nyuam (consent of sterilization). Qhov no tus tswv cuab yuav tsum siv tsoom fwm daim (Sterilization Informed Consent) form, F-01164, raws li siab yeem, uas yuav mus nrhiav tau ntawm phab ntawv muaj cov foos (Forms page) ntawm ForwardHealth Portal nyob ntawm www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm spage.

Npe — Tus Tswv Cuab

Muab tus tswv cuab lub xeem, lub npe, thiab tus ntawv npe nruab nrab tso rau. Siv Wisconsin's Enrollment Verification System (EVS) sau tus tswv cuab lub npe kom yog. Yog tias lub npe sau rau ntawm daim ForwardHealth identification card thiab lub npe sau rau ntawm daim EVS tsis sib thooj, ces siv lub npe sau nyob ntawm daim EVS. Lub npe sau rau ntawm no yuav tsum thooj li lub npe sau rau ntawm daim ntawv xa mus kom them nqi (claim).

Tswv Cuab Tus Identification Number

Muab tswv cuab tus ID tso rau. Tsis txhob muab lwn cov numbers los yog ntaub ntawv. Daim ID no yuav tsum thooj li daim ID sau rau ntawm daim ntawv xa mus kom them nqi (claim).

Chaw Nyob — Tswv Cuab

Muab tus tswv cuab qhov chaw nyob tso rau. Siv EVS kom tau tus tswv cuab qhov chaw nyob.

Npe — Tus Kws Kho Mob

Tso tus kws kho mob lub npe rau.

National Provider Identifier

Tso tus kws kho mob tus National Provider Identifier (NPI) rau. Tus kws kho mob tus NPI yuav tsum thooj li tus NPI uas tso rau ntawm daim ntawv xa mus kom them nqi (claim).

Npe — Tus Tswv Cuab

Tso tus tswv cuab lub npe rau. Lub npe tso rau ntawm no yuav tsum thooj li lub npe muab tso rau saum toj kawg ntawm daim ntawv (form) no.

Kos Npe — Tus Tswv Cuab, Tus Sawv Cev, thiab Tus Txhais Lus

Tus Tswv Cuab — Tus tswv cuab yuav tsum kos npe thiab teev hnuv kos npe rau ntawm no. (Kos npe rau ntawm daim Acknowledgement of Receipt of Hysterectomy Information form, F-01160H, tsis yog kom tus tswv cuab yuav tsum mus phais tsev me nyuam.)

Tus Sawv Cev — Tus sawv cev yuav tsum kos npe thiab teev hnuv kos npe rau ntawm no yog yuav tsum tau muaj ib tus neeg sawv cev rau tus tswv cuab.

Tus Txhais Lus — Tus txhais lus yuav tsum kos npe thiab teev hnuv kos npe rau ntawm no yog tus tswv cuab tsis paub cov lus siv rau daim ntawv (form) no thiab yog siv tus txhais lus pab txhais cov ntawv no.

Hnuv Kos Npe

Tso hnuv uas tus tswv cuab kos npe rau daim Acknowledgement of Receipt of Hysterectomy Information form, F-01160H, rau ntawm no. Hnuv tso rau ntawm no yuav tsum yog hnuv ua qhov hauj lwm uas muab sau rau ntawm daim ntawv kom them nqi los yog ua ntej ntawd.