aetna®

Medical Benefits – Claim Instructions

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is quilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Attention California Residents: For your protection California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is quilty of a crime and may be subject to fines and confinement in state prison. Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law. Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Attention Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison. Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits. Attention Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Attention Missouri Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law. Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties. Attention Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Attention Oregon Residents: Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. Attention Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. Attention Texas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties. Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Patient Signature: Date

NOTE: INCOMPLETE CLAIM FORMS WILL BE RETURNED TO YOU FOR MISSING INFORMATION. THIS WILL DELAY THE PROCESSING OF THE CLAIM. FOR FASTER, EASIER SUBMISSION OF CLAIMS, THE PROVIDER MAY CONTACT THE AETNA CLAIM PROCESSING CENTER FOR INFORMATION REGARDING ELECTRONIC CLAIM SUBMISSIONS.

TO THE EMPLOYEE

- 1. Complete items one (1) through nineteen (19) in full.
- Complete items twenty (20) through twenty-four (24) only if other medical coverage exists.
- 3. Be certain to sign the authorization to release information in block twenty-five (25).
- 4. If you wish to have your benefits for this claim paid directly to your physician or supplier, sign block twenty-six (26).

- condition being treated

5. If you have submitted a request for benefits to another plan, including Medicare, attach a copy of the bills you submitted to the other plan and the explanation of benefits you received from the other plan.

- type of service(s) rendered

- date(s) of service(s)

- relationship to employee

- 6. Attach itemized bills or ask your health care provider to complete the applicable section on the reverse side. The bills must include:
- If this information is missing, write it on the bill and sign your name.

 7. If prescription drugs are covered under your plan, submit receipts or a Prescription Drug Record form. Receipt must contain:
 - drug name purchase date prescription number pharmacy name/address
 - dose per/day nature of illness or injury quantity
 - charge strength physician's name

This information can be copied from the prescription bottle or box.

- 8. Retain copies of your bills for your record.
- 9. Send the completed benefits request and the bills to: Aetna Life Insurance Company

PO Box 14079

Lexington KY 40512-4079

TO THE PHYSICIAN OR SUPPLIER

patient's name

- 1. Complete items twenty-seven (27) through forty-six (46) in full.
- If the employee indicates that benefits should be paid directly to the physician or supplier, then these benefits will be sent directly to you with an information copy of the transactions to the employee.

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** Please Use Current Procedural Terminology Codes For Surgery

Medical Benefits Request

Mail to: Aetna Life Insurance Company PO Box 14079

Lexington KY 40512-4079

TO BE COMPLETED BY EMPLOYEE 1. Employer's Name 2. Policy/Group Number 3. Employee's Aetna ID Number 5. Employee's Birthdate (MM/DD/YYYY) 4. Employee's Name 6. ☐ Active ☐ Retired Employee's Address (include ZIP Code) 8. Employee's Daytime Telephone Number ☐ Address is new Date of Retirement 9. Patient's Name 10. Patient's Aetna ID Number 11. Patient's Birthdate (MM/DD/YYYY) 12. Patient's Relationship to Employee ☐ Self ☐ Spouse ☐ Child ☐ Other 13. Patient's Address (if different from employee) 14. Patient's Gender 15. Patient's Marital Status 16. Is patient employed? 17. Name & Address of Employer ☐ Married ☐ Single ☐ No ☐ Yes 18. Is claim related to an accident? 19. Is claim related to employment? ☐ No ☐ Yes If Yes, date ☐ No ☐ Yes am pm time 20. Are any family members expenses covered by another group health plan, group pre-payment plan (Blue 21. If Yes, list policy or contract holder, policy or contract number(s) and name/address of Cross- Blue Shield, etc.), no fault auto insurance, Medicare or any federal, state or local government plan? insurance company or administrator: 22. Member's ID Number 23. Member's Name 24. Member's Birthdate (MM/DD/YYYY) 25. To all providers of health care: You are authorized to provide Aetna Life Insurance Company or one of its affiliated companies ("Aetna"), and any independent claim administrators and consulting health professionals and utilization review organizations with whom Aetna has contracted, information concerning health care advice, treatment or supplies provided the patient (including that relating to mental illness and/or AIDS/ARC/HIV). This information will be used to evaluate claims for benefits. Aetna may provide the employer named above with any benefit calculation used in payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original. Patient's or Authorized Person's Signature 26. I authorize payment of medical benefits to the physician or supplier of service. Patient's or Authorized Person's Signature TO BE COMPLETED BY PHYSICIAN OR SUPPLIER 27. Date of Illness (first symptom) or injury 28. Date first consulted you for this condition 29. If patient has had similar illness or injury, give dates 30. If an emergency check here (accident) or pregnancy (LMP) emergency 31. Date patient able to return to work 32. Date of total disability 33. Date of partial disability through from through 34. Name of referring physician (e.g., Public Health Agency) 35. For services related to hospitalization give hospitalization dates 36. Name & address of facility where services rendered (if other than home or office) 37. Diagnosis or nature of illness or injury (please indicate primary and secondary) 2. 3. 38. Procedures, Medical Services, Supplies Furnished Date of Place of Procedure Code Type of Identify** Days or Units Diagnosis Code †† Service Service' Description of Service Service † Charges 39. Physician's Name & Address (include ZIP Code) 40. Telephone Number 41. Enter the taxpayer identifying number to be used for 1099 reporting purposes. You are required under authority of law to furnish your taxpayer identifying number. 42. Patient Account Number 43. Total charge Amount paid Balance due 44. Physician's or Supplier's Signature 45. National Provider Identifier 46. Date * Place of Service Codes: †Type of Service Codes: 1 - (IH) - Inpatient Hospital 8 - (SNF) - Skilled Nursing Facility 1 - Medical Care 8 - Assistance at Surgery 2 - (OH) - Outpatient Hospital - Ambulance 2 - Surgery 9 - Other Medical Service 3 - (0) - Office Visit 0 - (OL) - Other Location 3 - Consultation 0 - Blood or Packed Red Cells 4 - (H) - Patient Home 4 - Diagnostic X-Ray A - Used DMF - Independent Laboratory A - (IL) - Day Care Facility (PSY) - Other Medical Surgical Facility 5 - Diagnostic Laboratory M - Alternate Payment for Maintenance Dialysis 5 -R-6 - Radiation Therapy - Night Care Facility (PSY) C - (RTC) - Residential Treatment Center Y - Second Opinion on Elective Surgery - Nursing Home D - (STF) - Specialized Treatment Facility 7 - Anesthesia Z - Third Opinion on Elective Surgery

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††Please Use ICD Code For Discharge Diagnosis

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512, 1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አንልባሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဂန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ် တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ် ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	GY&J ടലhA&J Torologal Lalan alegana ay, opabarob omy Jawa ksame opat id Iha&J cale
Chinese	
Traditional	如欲使用免費語言服務,請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID)
Oromo	kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon
(Haitian)	asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.
Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर
	कॉल करें।

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daim npav ID. Ilpoto Inweta enyemaka asusu na akwughi ugwo obula, kooo nomba no na kaadi njirimara gi Ilpoto Inweta enyemaka asusu na akwughi ugwo obula, kooo nomba no na kaadi njirimara gi Ilocano Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo. Indonesian Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda. Iralian Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa. Japanes 無料の言語サービスは、IDカードにある番号にお電話ください。 **XwowtRXWosdawCxtpXRxwozll,wortxwz. *XxwowtRXwosdawCxtpXRxwozll,wortxwz. *XxwowtRXwosdawCxtpXRxwozll,wortxwz. *XxwowtRXwosdawCxtpXRxwozll,wortxwz. *XxwowtRXwosdawCxtpXRxwozll,wortxwz. *XxwowtRXwosdawCxtpXRxwozll,wortxwz. *XxwowtRXwosdawCxtpXRxwozll,wortxwz. *XxwowtRXwosdawCxtpXxwozll,wortxwz. *Xxwo	Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj
Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo. Indonesian Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda. Italian Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa. Japanese 無料の言語サービスは、IDカードにある番号にお電話ください。 VXw-urRM-Puschmw>Rp.XRw>zH,w>rR wz. VXw-urRM-Puschmw>Rp.XRw>zH,w>rR w		daim npav ID.
Indonesian	Igbo	
lialian di kartu asuransi Anda. Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa. Japanese 無料の言語サービスは、IDカードにある番号にお電話ください。 VXW~urRM>usdmv>rRpXRtw>rRwz. XXwd·UrSySRxVxeub.h.tDRt*D>~ud;b.vDwJpdeD.*H>vXttd.vXecd.*DR A (ID) tvdRM.wuh>l Korean 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. Kru-Bassa In you kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibila Kurdish 「いりないという」 (はついている はいっている はいっちいん はいっている はいいる はいっている はいっている はいいないる はいいないないないないないないないないないないない	Ilocano	
Japanese 無料の言語サービスは、IDカードにある番号にお電話ください。 Www.urRM>usdmw>rRpXRtw>zH,w>rRwz.	Indonesian	
KarenvXw>urRM>usdmw>rRpXRtw>zH;w>rRwz. vXwtd.D;tyShRvXeub.[h.tDRt*D> <ud;b.vdwjpded.*h>vXttd.vXecd.*DR A (ID) tvdRM.wub>lKorean무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.Kru-BassaInyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matiblaKurdish८००८००००००००००००००००००००००००००००००००००००</ud;b.vdwjpded.*h>	Italian	
Karen vXwid/D;tyShRvXeub.[h.tDRt*D> <ud;b.vdwjpded.*h>vXXtid.vXecd.*DR A (ID) tvdRM.wuh>1 Roream 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. Inyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla Kurdish Lao 戊ፌଡጵ፻፻ቯ፱፮፻፹ አስተመታቸው አመታቸው አመ</ud;b.vdwjpded.*h>	Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Kru-Bassa Inyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla Kurdish टिक टिक्टिन्टिन्निगुंधेठिमाण्याका में हिल्ला शिवाय आपा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा. Marathi आपल्याला कोणत्याही शुल्काशिवाय आपा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा. Marshallese Nan bök jipañ kōn kajin ilo an ejjelok wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo am. Micronesian-Pemhan lehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. Mon-Khmer, Cambodian IB- अध्यापाडाकाकाकाकाकाकाकाकाकाकाकाकाकाकाकाकाकाक	Karen	vXwtd.'D;tyShRvXeub.[h.tDRt*D> <ud;b.vdwjpded.*h>vXttd.vXecd.*DR A (ID)</ud;b.vdwjpded.*h>
Kurdish Kurdish Kurdish Lao Cwartigh (ID) (S) (ID) (अ) માર્ગ માર્ગ માર્ગ માર્ગ મારાગ	Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Lao	Kru-Bassa	yong matibla
Marathi अापल्याला कोणात्याही शुल्काशिवाय आषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा. Marshallese Nan bök jipañ kön kajin ilo an ejjeļok wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ. Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. Mon-Khmer, Cambodian Telli ji	Kurdish	
Marshallese Nan bōk jipañ kōn kajin ilo an ejjelok wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ. Micronesian-Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. Mon-Khmer, Cambodian Till ni nizaad k'ehj7 bee n7k1 a doowo[doo b33h 717n7g00 naaltsoos bee atah n7198go nanitin7g77 bee n44ho'd0lzin7g77 b44sh bee hane'7 bik1'7g77 1aj8' h0lne'. Nepali Hill सम्बन्धी सेवाहरुमाथि निःशुल्क पहुँच राख्न आफनो कार्डमा रहेको नम्बरमा कल गर्नुहोस्। Nilotic-Dinka Të kɔɔr yīn ran de wëĒr de thokic ke cīn wëu kɔr keek tënɔŋ yīn. Ke yīn cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duɔn de tīīt de nyin de panakim kɔu. Norwegian For tilgang til kostnadsfri sprāktjenester, ring nummeret pā ID-kortet ditt. Persian Farsi Jesian salu salu salu salu salu salu salu salu	Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marsnalese eo am. Micronesian- Ponapean Puch alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. Mon-Khmer, Cambodian ਸਿੰਘ ਸ਼ਹਿਤ ਸਿੰਘ ਸ਼ਹਿ	Marathi	9
Ponapean en ID. Mon-Khmer, Cambodian ដើម្បីទទួលជាន់សេវាកម្មភាសាដែលឥគគ៌គាំថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់ លេខដែលមានទៅលើបណ្តសម្អាល់ខ្លួនរបស់លោកអ្នក។ T'11 ni nizaad k'ehj7 bee n7k1 a'doowo[doo b33h 7l7n7g00 naaltsoos bee atah n7l98go nanitin7g77 bee n44ho'd0lzin7g77 b44sh bee hane'7 bik1'7g77 1aj8' h0lne'. Nepali भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्। Të kɔɔr yin ran de wëër de thokic ke cin wëu kɔr keek tënɔŋ yin. Ke yin cɔl ran ye kɔc kuɔny në namba de abac tɔ̃ në ID kard duɔ̈n de tiit de nyin de panakim kɔ̈u. Norwegian For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. Pensnylvanian-Dutch Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. Persian Farsi Aby uzyskać dostep do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej. Portuguese Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação. 3 ਰਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੇਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Romanian Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru. Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. Samoan Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.	Marshallese	
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Të kɔɔr yīn ran de wëër de thokic ke cīn wëu kɔr keek tënɔŋ yīn. Ke yīn cɔl ran ye kɔc kuɔny në namba de abac tɔ̄ në ID kard duɔ̈n de tīit de nyin de panakim kɔu. Norwegian For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. Pennsylvanian-Dutch Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. Persian Farsi Jayıxı Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej. Portuguese Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação. ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Romanian Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru. Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. Мō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.	Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
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Dutch Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. Persian Farsi	Norwegian	, ,
Persian Farsi	•	
Polish Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej. Portuguese Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação. Punjabi ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Romanian Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru. Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. Samoan Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.		
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Punjabi ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Romanian Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru. Russian Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. Samoan Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.	Portuguese	cartão de identificação.
Russian Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. Samoan Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.	Punjabi	
Russian Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. Samoan Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.	Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Samoan Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.	Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону,
	Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o
	Serbo-Croatian	

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Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac- Assyrian	· وخەدىء بريانىيى بويۇھ ئېد برىتىت مىنىد، بەنىدىرى بىرىيى بىرىيى بىرىيى بىلىنىڭ بىلىنىڭ ئېدىنى ئىرىيى ئىرىنىڭ ئ
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовні отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	. ארטל ID צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער
Yoruba	Láti ráyèsí àwọn işệ èdè fún ọ lộfèẹ, pe nómbà tó wà lórí káàdì ìdánimò rẹ.

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