

Taropween ewe Chon Kutta Alillis Ion Pekin Safei: Ekkewe Watte

PWOROUS USUM				
Iten om Famili	Itom we	M.I.	Itom mi Itefoulo	Ranin Uputiwom
*En Mwan Ika Fefin Ion Pekin Alluk (Kese Mochen Fili) <input type="checkbox"/> Mwan <input type="checkbox"/> Fefin *Atun ka uputiw met sokkun aramas (Mwan me Fefin). Kese mochen kopwe silei pwe ewe itom me pworous usum lon om we insurans a lamot epwe nonno ngeni ekkewe taropwe ren pekin insurans, mooni me ekkoch pworous.		Fili ika met sokkun aramas ka iteni <input type="checkbox"/> Mwan <input type="checkbox"/> Fefin <input type="checkbox"/> Siwili ngeni Mwan/Fefin-ngeni-mwan <input type="checkbox"/> Siwili ngeni Fefin/mwan-ngeni-fefin <input type="checkbox"/> Ekkoch <input type="checkbox"/> Use mochen apasa		Met Sokkun Aramas Ka Saani Ion Pekin Lisowu <input type="checkbox"/> En ka baitoku (Kese are ka lesbian) <input type="checkbox"/> Lesbian, baitoku <input type="checkbox"/> Bisexual (Ka saani fefin me mwan) <input type="checkbox"/> Ekkoch popun <input type="checkbox"/> Use silei <input type="checkbox"/> Use mochen upwe apasa
Leeniom we (Address)		City (Telinimw)		State
Leenien om Mail (Ika mi sokko seni ewe Leeniom we)		City (Telinimw)		State
Kese mochen amasowa me filata ika cheki me lein ekkei ekkewe pwoor: <input type="checkbox"/> Fon Ion Imw () <input type="checkbox"/> Cell Fon () <input type="checkbox"/> Fon Ion Ran () <input type="checkbox"/> Om We Email Address				Om we Social ika SSN: - -
Pworousun Om Pwupwulu: <input type="checkbox"/> Nipich <input type="checkbox"/> Pwupwulu <input type="checkbox"/> Towaufesen <input type="checkbox"/> Mufesen <input type="checkbox"/> Mi Fen Maa Puluwom		Ka niit Chon Chiyaku? <input type="checkbox"/> Ewer <input type="checkbox"/> Apw		Fosun Fonuom ka efich: <input type="checkbox"/> Fosun Merika <input type="checkbox"/> Ekkoch : _____
Wilipos: <input type="checkbox"/> Chon Spain / Latin <input type="checkbox"/> Kese Chon Spain / Latin	Chon Tefin: Kose mochen fili meinisin mi fich ngonuk: __ African American/Black __ Caucasian __ Chamorro __ Chinese __ Chuukese __ Filipino __ Japanese __ Korean __ Kosraean __ Laotian __ Marshallese __ Native American __ Native Hawaiian __ Portuguese __ Puerto Rican __ Samoan __ Tongan __ Vietnamese __ Other Aisan __ Other Pacific Islander __ Ekkoch (kose mochen tichikki): _____			
Fitemon Ion Famili: (Kapachelong kich, pukuwach, me ekkewe semirit 18 me ffeitiw): _____	Meinisin Fite Chana Ion Famili: <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____ Iteitan Maram Iteitan Ier	Lon Pekin Imw: <input type="checkbox"/> Ruu Sitori <input type="checkbox"/> Shelter <input type="checkbox"/> Ese Repot <input type="checkbox"/> Ese Nafangaw Ion Pekin Imw <input type="checkbox"/> Esor Imw: <input type="checkbox"/> Street/Beach <input type="checkbox"/> Transitional		
Repot usun Chon Atake: <input type="checkbox"/> Esor	Chon Fiu ika Chon Veteran: <input type="checkbox"/> Ewer <input type="checkbox"/> Apw	Chon Angang: <input type="checkbox"/> Mi Angang <input type="checkbox"/> Use Angang <input type="checkbox"/> Ua Retire Sokkun Angang: _____		

<input type="checkbox"/> Chon Ekis Chok	<input type="checkbox"/> Fan Season	Chon Sukul: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Mi chok Casual Iten Ewe Sukul: _____
--	-------------------------------------	--

PWOROUSEN CHOKKEWE MI NIIT ALILLIS (PATIENT PORTAL) / MINEN ALILLIS LON PEKIN MANAW (ADVANCE DIRECTIVE)

Ren ach neuneu ewe patient portal ren an Wahiawā Health Centers kewe technology ra mut ngonuk om kopwe skedule-ini me katol ekkewe ekkoch appointment, tongor refill-ini ekkewe safei me katol ekkewe result seni lab. Tufichin ach sipwe tongeni fos ngeni om we tokter ika ekkoch me tingor ekkewe kapas eis usun ekkewe bil me ekkoch pworous usun om we pekin safei.

Ka fen enroll ngeni Patient Portal?

Ewer Apw

Ika apw, ka niit alillis le enroll?

Ewer Apw

Mei wor om we Advance Directive? (Ei taropwe a pwaraata pwe ifa ukukun ka niit alillis lon pekin safei are mut ngeni emen mi tongeni feri kefil ika kese nelu atun aksitent) : Ewer Apw

EMERGENCY CONTACT INFORMATION (FON FAN ITEN FANSOUN EMERGENCY)

Iten ewe Emon ren Emergency:	Aramasom ika Om Famili:	Om we Kontak: <input type="checkbox"/> Imw <input type="checkbox"/> Fon <input type="checkbox"/> Angang Nampa # _____
Iten ewe Emon ren Emergency:	Aramasom ika Om Famili:	Cotnact Information: <input type="checkbox"/> Imw <input type="checkbox"/> Fon <input type="checkbox"/> Angang Nampa # _____

EWE PWOROUS USUN MEDICAL INSURANS

Aramasan ewe mi Insured: (Check eu) Ngang Puluwom Sam ika In Semirit Neum Ekkoch

Iten ewe Policy Holder:	Ranin Uputiwom:	<input type="checkbox"/> Mwan <input type="checkbox"/> Fefin <input type="checkbox"/> Ese Ffat		
Iten ewe Kokkot:	Nampan ewe Policy / An ewe Subscriber Nampa	Kumi Nampa:	Ran mi Murinno:	Ran mi Much ika Ekspayer:
Leenien ewe Address:		Telinimw:	State:	Zip Code

Fon:	Fon ren angang:	Cell Fon:
-------------	------------------------	------------------

ORUAN PWOROUS USUN MEDICAL INSURANS

Aramasan ewe mi Insured: (Check eu) Ngang Puluwom Sam ika In Semirit Neum Ekkoch

Iten ewe Policy Holder:	Ranin Uputiwom:	<input type="checkbox"/> Mwan <input type="checkbox"/> Fefin <input type="checkbox"/> Ese Ffat
--------------------------------	------------------------	--

Iten ewe Kokkot:	Nampan ewe Policy / An ewe Subscriber Nampa	Kumi Nampa:	Ran mi Murinno:	Ran mi Much ika Ekspayer:
Leenien ewe Address:		Telinimw:	State:	Zip Code
Fon:	Fon ren angang:	Cell Fon:		

PWOROUS USUN GUARANTOR

Relationship of Guarantor to patient : Ngang Puluwom Sam me In Ekkoch _____

Saigoon Itom We:	Itom we			
Iten ewe Kokkot:	Nampan ewe Policy / An ewe Subscriber Nampa	Kumi Nampa:	Ran mi Murinno:	Ran mi Much ika Ekspayer:
Leenien ewe Address:		Telinimw:	State:	Zip Code
Fon:	Fon ren angang:	Cell Fon:		

KA MUT NGENI OM KOPWE PWARAATA EWE PWOROUS USUN PEKIN SAFEI LON PEKIN MONOMON

Ren om kopwe sainei lon fan, ua mut ngeni ekkewe mi nom fan ei taropwe fan iten ar repwe angei ika silei ekkewe mettoch usun ngang me ekkewe mettoch lon pekin safei, aweke chok lon pekin safei, ren ekkewe appointment me referral are met a kkan mi niit. Nang mi tongeni ataelo ei taropwe ren ai upwe tingor le siwili, kapachelong, are poutalo ekkei tarope lon makkei.

Ran Ka Mut Ngeni	Iten ewe Emon	Aramasom	Fon #	Ekkoch Popun	Ewe Ran Mi Wes

Ua mut ngeni ei emon lon WHC fan iten ar repwe pwopworous usun billing fan itei. Ngang mi tongeni poutalo ei taripwe ren ai upwe tingor siwil, kapachelong ika use mochen epwe chuen ok ren ei taropwe. Kose mochen makkei ekkewe aramas lon fan.

Ran Ka Mut Ngeni	Iten ewe Emon	Aramasom	Fon #	Ekkoch Popun	Ewe Ran Mi Wes

--	--	--	--	--	--

Kese mochen enniwili sefal lon fan

Initial	Ua tipeeu pwe ekkei meinsin mi mooni rese pay ini seni ei insurans kompeni ren wisei. Ua mut ngeni Wahiawā Health Center (WHC) ar repwe atowu ekkewe pworous ngeni ai we insurans carrier are mwicheich fan iten ar repwe angang woon ekkewe claim fan itei. Ua mut ngeniir ar repwe mooni fan itei ren WHC lon pekin allillis.
Initial	Ua tipeeu pwe meinsin ekkewe pworous ua fen affata pwe mi kapas enlet me mei pwuung lon ai ukukun silei. Ua siliei pwe ika ua atai alluk epwe wor osukosuk. Ua silei ika ua kapas chofona ua atai alluk pwe ekkei mettoch mi lamot.
Initial	Ua mut ngeni WHC ren ar repwe kokkoriir ewe chon im ika ai we fon fan iten ar repwe achema ngeni usun ai we appointment. Ika use tawe, Ua pwal mochen mut ngeni WHC ar repwe fos me likiti message me apworaus pwe iir feito seni WHC kapachelong ewe ran me kulok lon appointment.
Initial	Ua fen alleani me weweiti ekkewe WHC appointment ika kese pwa are ka pwarata alluk me ua weweiti wisei le schedule ini ekkewe appointment fan ee WHC me upwe ereniir ika use tongeni fiti mwich lon 5 lon leonowas lon eu ran mwen ai we schedule appointment.
initial	Ua fen alleani me weweiti ewe HIPAA / Privacy Policy for The Wahiawā Center fan iten Community Health. Ua weweiti pwe ika ngang are ai we famili rese alleasochisi ekkewe alluk, ua weweiti pwe usap angei minen allillis seni ewe health center.
Initial	Ua assign ai we insurance fan iten repwe pay ini ngeni ai we healthcare provider.
Initial	Ua fen alleani me ua weweiti ewe Financial Policy fan iten Ewe Wahiawā Center for Community Health.
Initial	Ua tipeeu pwe Wahiawā Center for Community Health repwe tingor me neuneu ekkewe safei me silei pworousen loom seni ekkewe tokter ika ekkoch aramas awewe chok ewe third-party pharmacy benefit payer fan iten treatment.
Initial	Ua mut ngeni ewe Wahiawā Center for Community Health ar repwe angei ren pekin safei ika medical history.



CHUUKESI

FAN ITEN OFIS CHOK

Medical Services – Record # _____ Angei Seni: _____ Ran: _____ Makk Ion: _____ Ran: _____

PT Status Type: Skedule

Valid ID:

Insurans:

Inactive Non-WHC Active

Scan ID Update NG pt Lios

Scan Card Pworous mi Update / Card