



PATIENT MEDICATIONS

*Please list all current prescription medications and allergies to drugs.
Please bring your current medication bottles with you to your appointment.
List any vitamins and/or herb supplements you are currently taking.*

NAME _____ DOB _____ DATE _____

MEDICATION	DOSAGE / MG	Directions
<i>EXAMPLE - Aspirin</i>	<i>81 MG</i>	<i>One tablet by mouth daily</i>

ALLERGIES TO DRUGS

MEDICATION	REACTION
Circle if NONE	



FINANCIAL POLICY

Our goal is to maintain a good physician-patient relationship. Letting you know our office policy in advance, enables us to achieve this goal. **Please read this carefully** and if you have any questions please do not hesitate to ask a member of our staff. We know that your time is valuable. We strive to keep our schedules on time, but there is no way to prepare for emergencies, which do occur. Your understanding is appreciated.

1. You will be asked to present your insurance card at each visit. Please remember to bring it with you to each appointment. You will also be asked to present some form of photo ID. We ask for your insurance information when you make an appointment, so that we can verify your coverage. We still need a copy of your insurance card to keep on file.
2. We will be checking your insurance benefits prior to your appointment. If you have a copay you are required to pay that at the time of your visit. Non-payment of the copay, at the time of the visit, may incur an additional fee that will be added to your account and/or Non-payment of your copay may result in the appointment for the day being cancelled. **Your copay is set by your insurance company and is required to be paid at the time of the visit.** Your copay is an amount that you should already be aware that you owe at each visit.
3. If your insurance company required pre-authorization for your appointment, it is your responsibility to make sure you have that in place before coming to your appointment.
4. Your account must be current for you to continue to be seen here. Being current, means you are making regular monthly payments on your account. Should your account be turned over to our outside collection agency, or we have found your account to be uncollectable, you will no longer be able to make an appointment.
5. If you are a self-pay patient (you have no insurance), you are expected to make a payment of at least \$100 at the first visit as a deposit on the charges. You will be billed for the balance. If payment on the entire balance is made within 60 days, you are entitled to a 30% discount. At the second and each subsequent visit, you will be required to pay at least \$25 as a deposit on your charges.
6. A \$25 fee will be charged to your account if any check is returned for insufficient funds, plus any bank fees incurred.
7. It is your responsibility to keep us informed if your insurance changes. **IF YOUR INSURANCE INFORMATION IS INCORRECT, WE WILL BILL YOU FOR THE ENTIRE CHARGE.**
8. We accept Visa, MasterCard, Discover and Care Credit credit cards. You can pay at the time of your visit, you can call in with your credit card payment, or you can send your credit card information in with your statement stub. You may also pay through our web portal, WWW.WoosterOrtho.com.
9. We charge \$10 for any Disability forms that are presented to the office to be filled out. Payment is required before the forms are completed. There is no charge for FMLA forms.
10. We need to have the correct address for the patient. This is especially important for Medicare patients. If you have more than one address, we need the address that your insurance recognizes.
11. Payment is expected for services rendered. If you fail to make payments or set up payment arrangements with our Billing Department, your account will be turned over to an outside Collection agency. If this should happen to your account, the action will affect your credit standing. Once this happens to your account, you will no longer be able to schedule appointments. We try to work with the patients and set up reasonable payment plans so that this will not happen to your account.
12. I acknowledge full financial responsibility for services rendered by the treating provider of record. I understand that payment of charges incurred is due at the time of service unless other definite financial arrangements have been

made prior to treatment. I agree to pay all reasonable attorney fees and collection costs in the event of default of payment of my charges.

13. We do not get involved with disputes between divorced parents in regard to payment of their children's charges. The parent that brings the child to the appointment is the parent that we are going to bill for the charges. If your divorce settlement indicates that each parent pays a percentage, it is up to the parents to handle this. If the charges end up in the hands of our outside collection agency, both parent's information is given to that agency.
14. I authorize and request that insurance payments be made directly to the treating provider of record should they elect to receive such payment.
15. **IF YOUR INSURANCE BENEFIT PLAN INDICATES YOUR DEDUCTIBLE IS \$1,000 OR MORE, AND YOU HAVE NOT MET THE DEDUCTIBLE FOR THE YEAR, YOU WILL BE ASKED TO PUT A PARTIAL PAYMENT ON THE CHARGES AT THE TIME OF THE VISIT. THESE AMOUNTS ARE \$100 (NEW PATIENT/PROBLEM), \$50 (FOLLOW-UP), \$50 (PT EVALUATION), and \$25 (SUBSEQUENT PT VISIT). YOUR CHARGES WILL BE SUBMITTED TO YOUR INSURANCE.**

PLEASE CHECK BELOW IF ANY OF THESE PERTAIN TO YOU.

_____ I HAVE NO INSURANCE. You are considered a self-pay patient. You are responsible for your bills here in our office. Our self-pay policy requires that you pay \$100 at the initial visit as a deposit on the charges that day. Monthly payment can be made on the balance. Failure to make monthly payments will result in having us proceed with our collection process which will directly affect your credit standing. Self-pay patients are given a 30% discount on charges if the charges are paid within 60 days of the billing date. (Discount does not apply to x-rays, braces, splints, casting supplies, medications, etc.) The Billing Department can work with you on setting up a payment plan that fits your budget.

_____ THIS VISIT IS RELATED TO AN AUTO ACCIDENT OR PERSONAL INJURY. We do not bill auto insurance companies or personal injury companies for charges due to an auto accident or personal injury. We will bill your medical insurance for all charges incurred. The balance left after your insurance pays will be your responsibility. We will furnish your auto/personal injury insurance company with any information they need with your signed release. It is the responsibility of your auto/personal injury insurance company to refund your medical insurance for any charges that were paid by the medical insurance. If you have no medical insurance or do not want us to bill your medical insurance, you will be considered a self-pay patient and you would be required to pay the \$100 at the initial visit. You will need to make monthly payments on the balance. You do not qualify for the discount. If you do not make monthly payments, your account will go through the normal collection process which will affect your credit standing.

_____ THIS APPOINTMENT IS RELATED TO A WORK INJURY. If the reason for your appointment is related to a work injury, you must speak to our Workers' Compensation staff. If your injury occurred at work we are required to make sure the claims are filed to the Bureau of Workers' Compensation. Please tell the front desk personnel that your appointment is work related.

I have read the above information and understand the policy of Wooster Orthopaedic and Sports Medicine. I agree to comply and accept the responsibility for any charges that become due as outlined above.

PATIENT NAME (please print) _____ Date of Birth _____

RESPONSIBLE PARTY

NAME _____ RELATIONSHIP _____

SIGNATURE OF PATIENT/RESPONSIBLE

PARTY _____ **DATE** _____

You will be provided a copy of this for your records, and a copy will be kept on file here.



NOTICE OF PRIVACY PRACTICES

Effective Date: April 2003
Revised: August 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to **Wooster Orthopaedic & Sports Medicine Center (WOSMC)** operating as a clinically integrated health care arrangement. The members of this clinically integrated health care arrangement work and practice at:

3373 Commerce Parkway, Suite 2, Wooster, OH 44691
1261 Wooster Road, Suite 120, Millersburg, OH 44654
830 South Main Street, Suite 103, Orrville, OH 44667

All of the entities and persons listed will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

WOSMC is required by law to maintain the privacy of patients' protected health information and to provide patients with notice of its legal obligations and privacy practices. WOSMC is required to abide by the terms of this Notice so long as it is in place. WOSMC reserves the right to change the terms of this Notice as necessary. You may get a copy of any revised notices at the facilities listed above or by mailing a request to The Privacy Officer, WOSMC, 3373 Commerce Parkway, Suite 2, Wooster, OH 44691.

HOW WOSMC MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways WOSMC may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, WOSMC will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to the practice Privacy Officer.

For Treatment. WOSMC may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, WOSMC may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside their office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. WOSMC may use and disclose Health Information so that WOSMC or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, WOSMC may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. WOSMC may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of their patients receive quality care and to operate and manage their office. For example, WOSMC may use and disclose information to make sure the orthopaedic care you receive is of the highest quality. WOSMC also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. WOSMC may use and disclose Health Information to contact you to remind you that you have an appointment. WOSMC also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, WOSMC may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. WOSMC also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, WOSMC may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before WOSMC uses or discloses Health Information for research, the project will go through a special approval process. Even without special approval, WOSMC may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. WOSMC will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. WOSMC may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. WOSMC may disclose Health Information to their business associates that perform functions on their behalf or provide them with services if the information is necessary for such functions or services. For example, WOSMC may use another company to perform billing services on their behalf. All of their business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in their contract.

Organ and Tissue Donation. If you are an organ donor, WOSMC may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, WOSMC may release Health Information as required by military command authorities. WOSMC also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. WOSMC may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. WOSMC may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if WOSMC believe a patient has been the victim of abuse, neglect or domestic violence. WOSMC will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. WOSMC may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. WOSMC may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, WOSMC may disclose Health Information in response to a court or administrative order. WOSMC also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. WOSMC may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, WOSMC is unable to obtain the person's agreement; (4) about a death WOSMC believe may be the result of criminal conduct; (5) about criminal conduct on their premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. WOSMC may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. WOSMC also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. WOSMC may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. WOSMC may disclose Health Information to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, WOSMC may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, WOSMC may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, WOSMC may disclose such information as necessary if WOSMC determine that it is in your best interest based on their professional judgment.

Disaster Relief. WOSMC may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. WOSMC will provide you with an opportunity to agree or object to such a disclosure whenever WOSMC practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give them an authorization, you may revoke it at any time by submitting a written revocation to their Privacy Officer and WOSMC will no longer disclose Protected Health Information under the authorization. But disclosure that WOSMC made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information WOSMC have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this Health Information, you must make your request, in writing and signed, to The Privacy Officer, WOSMC, 3373 Commerce Parkway, Suite 2, Wooster, OH 44691. WOSMC has up to 30 days to make your Protected Health Information available to you and WOSMC may charge you applicable postage fees if you request a mailed copy. For preparing a summary of the requested information WOSMC will charge an additional fee based on the amount of time necessary to prepare the summary. WOSMC may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. WOSMC may deny your request in certain limited circumstances. If WOSMC does deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and WOSMC will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. WOSMC will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either their standard electronic format or if you do not want this form or format, a readable hard copy form. WOSMC may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information WOSMC have is incorrect or incomplete, you may ask them to amend the information. You have the right to request an amendment for as long as the information is kept by or for their office. To request an amendment, you must make your request, in writing, to The Privacy Officer, WOSMC, 3373 Commerce Parkway, Suite 2, Wooster, OH 44691.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures WOSMC made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to The Privacy Officer, WOSMC, 3373 Commerce Parkway, Suite 2, Wooster, OH 44691.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information WOSMC use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information WOSMC disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that WOSMC not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to The Privacy Officer, WOSMC, 3373 Commerce Parkway, Suite 2, Wooster, OH 44691. WOSMC is not required to agree to your request unless you are asking them to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid them “out-of-pocket” in full. If WOSMC agree, WOSMC will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that WOSMC not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and WOSMC will honor that request.

Right to Request Confidential Communications. You have the right to request that WOSMC communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that WOSMC only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to The Privacy Officer, WOSMC, 3373 Commerce Parkway, Suite 2, Wooster, OH 44691. Your request must specify how or where you wish to be contacted. WOSMC will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask them to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at the WOSMC site, www.woosterortho.com. To obtain a paper copy of this notice, The Privacy Officer, WOSMC, 3373 Commerce Parkway, Suite 2, Wooster, OH 44691.

CHANGES TO THIS NOTICE:

WOSMC reserves the right to change this notice and make the new notice apply to Health Information they already have as well as any information WOSMC receives in the future. WOSMC will post a copy of their current notice at their office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact The Privacy Officer, WOSMC, 3373 Commerce Parkway, Suite 2, Wooster, OH 44691. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE:

You will be asked to sign an acknowledgement that you received this Notice of Privacy Practices.

FOR FURTHER INFORMATION:

If you have any questions about this Notice, you can talk to The Privacy Officer, WOSMC, 3373 Commerce Parkway, Suite 2, Wooster, OH 44691.



Nondiscrimination Statement:

Discrimination is Against the Law

Wooster Orthopaedic & Sports Medicine Center (WOSMC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Wooster Orthopaedic & Sports Medicine Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Wooster Orthopaedic & Sports Medicine Center provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreter
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Wooster Orthopaedic & Sports Medicine Center provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages.

If you need these services, contact Wooster Orthopaedic & Sports Medicine's Compliance Officer.

If you believe that Wooster Orthopaedic & Sports Medicine Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- WOSMC's Compliance Officer: Amy Pisani
- Mailing Address: 3373 Commerce Parkway, Suite 2, Wooster, Ohio 44691
- Telephone: 330-804-9712
- Fax: 330-804-9770

You can file a grievance in person or by mail, or fax. If you need help filing a grievance, WOSMC's Compliance Officer is available to help you.

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



<p>ATTENTION: If you speak English language, assistance services, free of charge, are available to you. Call 330-804-9712</p>	<p>ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 9712-804-330 (رقم هاتف الصم والبكم).</p>
<p>注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 330-804-9712。</p>	<p>AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 330-804-9712</p>
<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 330-804-9712.</p>	<p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 330-804-9712.</p>
<p>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 330-804-9712</p>	<p>注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。330-804-9712まで、お電話にてご連絡ください</p>
<p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 330-804-9712 번으로 전화해 주십시오.</p>	<p>XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 330-804-9712.</p>
<p>Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 330-804-9712.</p>	<p>ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 330-804-9712.</p>
<p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 330-804-9712</p>	<p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 330-804-9712</p>
<p>УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 330-804-9712.</p>	<p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 330-804-9712.</p>