

PERSONAL MEDICATION LIST FOR	DOB:
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This medication list may help you keep track of your medications and remind you how to use them the right way.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.

Keep this list up to date with:

- prescription medications
- over-the-counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED:

Allergies or side effects:

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR	DOB:
(Continued)	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
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Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:

If you have any questions about your medications, talk to your doctor or pharmacist or you may call and speak with a Health Net pharmacist at 1-800-977-7532. TTY users should call 711. We are here Monday through Friday, 8:00 am – 6:00 pm, Pacific time.

Non-Discrimination Notice

Health Net Cal MediConnect complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net Cal MediConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net Cal MediConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net Cal MediConnect's Customer Contact Center at Los Angeles County: 1-855-464-3571/San Diego County: 1-855-464-3572 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. At other times – including Saturday, Sunday and federal holidays – you can leave a voicemail. We will return your call the following business day. The call is free.

If you believe that Health Net Cal MediConnect 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 by calling the number above and telling them you need help filing a grievance; Health Net Cal MediConnect's Customer Contact Center 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, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

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



Health Net®

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per un interprete, contattare il numero Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Un nostro incaricato che parla italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスがございます。通訳のご用命は、Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572 にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

Armenian: Մեր առողջապահական և դեղերի ծրագրի վերաբերյալ ձեր ունեցած ցանկացած հարցի պատասխանելու համար ունենք անվճար բանավոր թարգմանչական ծառայություններ: Բանավոր թարգմանիչ ձեռք բերելու համար պարզապես զանգահարեք մեզ Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572 համարով: Անգլերեն/հայերեն խոսող մի անձ կարող է ձեզ օգնել: Այս ծառայությունն անվճար է:

Farsi:

ما خدمات مترجم شفاهی را برای پاسخگویی به هرگونه سؤالاتی که ممکن است در مورد برنامه درمانی یا دارویی ما داشته باشید به طور رایگان ارائه می کنیم. برای دریافت خدمات مترجم شفاهی، کافایت با ما به شماره Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572 تماس حاصل نمایید. شخصی که به انگلیسی/ فارسی تکلم می کند می تواند به شما کمک کند. این خدمات به طور رایگان ارائه می شوند.

Hmong: Peb muaj kev pab txhais lus dawb los teb koj cov lus nug txog peb cov kev npaj pab kho mob lossis tshuaj. Yuav kom tau ib tug txhais lus, cia li hu rau peb ntawm Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. Ib tug neeg uas hais lus Askiv/Hmoob yuav pab tau koj. Qhov no yog kev pab dawb.

Khmer: យើងមានផ្តល់សេវាពីអ្នកបកប្រែដោយឥតគិតថ្លៃ ដើម្បីឆ្លើយសំណួរអ្វីមួយដែលអ្នកអាចនឹងគ្រប់ អំពីគំរោងសុខភាព ឬឱសថ របស់យើង។ ដើម្បីឱ្យបានអ្នកបកប្រែ អ្នកគ្រាន់តែទូរស័ព្ទមកយើងតាមលេខ Los Angeles: 1-855-464-3571. San Diego: 1-855-464-3572. មនុស្សដែលចេះនិយាយភាសា អង់គ្លេស/ខ្មែរ អាចជួយអ្នកបាន។ សេវានេះ គឺឥតគិតថ្លៃឡើយ។