Authorized Representative Form-Commercial Appeals

A member (or "patient") may use this form to designate an authorized representative to act on his or her behalf regarding an appeal of a denial of service or payment.

Your legal representative may submit the appropriate legal documentation in place of this form. (for example: power of attorney, guardianship papers, foster parent certification or court order).

1. **Member/Patient Information:** (Please provide the following information)

First Name:	**Last Name:**	
Address:	**City:**	**State:**
Daytime Phone (include area code):	**Member/Patient ID:**	
Date of Birth (mm/dd/yyyy):	**Reference or claim number (if known):**	
Description of service and/or date of denial of service or payment:		

2. **Person I am authorizing to pursue my appeal: (**Please provide the following information for your authorized representative)

First Name:	**Last Name:**	
Address:	**City:**	**State:**
Daytime Phone: (include area code):		

3. **Member/Patient**: By signing below I authorize the person named above to act on my behalf and receive information from United Behavioral Health and its subsidiaries in connection with my appeal. This information may include the following:

   All medical and financial information contained in my insurance file, including but not limited to treatment for venereal disease, alcoholism and drug abuse, abortion, mental disorder and HIV status relating to my examination, treatment and hospital confinement in connection with the determination which is being appealed.

I understand this information is confidential and will only be released as specified in this authorization. This authorization is only valid for 1 year from the date of the signature of Member/Patient or Legal Guardian below.

Signature of Member/Patient or Legal Guardian / Parent if a minor.	Name of Member/Patient or Legal Guardian / Parent if a minor. (Please Print)	Date

4. **Representative:** By signing below you are certifying you will represent the member to the best of your abilities and do not have a conflict of interest posed by any relationships you may have with the insurance company or providers whom the member is seeking care.

Signature of Authorized Representative	Name of Authorized Representative (Please Print)	Date

5. Please include a copy (keep the original) of the adverse determination notice you received.

6. Submit this completed form to AOR Processing via

   Fax to: 866-322-0051

   Mail to: ATTN:AOR PROCESSING
   PO BOX 1495
   Shawnee Mission, KS 66222

Nondiscrimination Notice and Access to Communication Services

Optum companies (together, "Optum") provide services to health plans and other health programs or activities.

Optum does not exclude people or treat them unfairly because of sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us and with your health plan. Such as, letters in other languages, or in other formats such as large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number on your member ID card. TTY 711.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Optum Civil Rights Coordinator 11000
Optum Circle
Eden Prairie, MN 55344
Phone: 888-445-8745, TTY 711
Fax: 855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help with your complaint, please call the toll-free number on your member ID card. TTY 711. You must send the complaint within 60 days of when you found out about the issue.

You can also file a complaint with the U.S. Dept. of Health and Human services.
Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Language Assistance Services & Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the toll-free number on your member ID card. TTY 711.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

Please call the toll-free phone number listed on your identification card.

Language	Translated Taglines
1. Albanian	KUJDES: Në rast se flisni **shqip (Albanian)**, juve ju ofrohen falas shërbimet e ndihmës gjuhësore. Ju lutemi merrni në telefon në numrin falas që ndodhet në kartën e identifikimit tuaj.
2. Amharic	ማሳሰቢያ: **አማርኛ (Amharic)** የሚናገሩ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች፣ ያለክፍያ ይቀርብልዎታል፡፡ እባክዎትን መታወቂያዎት ላይ የሚገኘውን የነጻ የስልክ መስመር ይደውሉ፡፡
3. Arabic	تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج على بطاقة التعريف الخاصة بك.
4. Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե **հայերեն (Armenian)** եք խոսում, անվճար լեզվական օգնության ծառայություններ են հասանում Ձեզ: Խնդրվում է զանգահարել անվճար հեռախոսահամարով, որը նշվել է Ձեր ճանաչողական քարտի վրա:
5. Bantu-Kirundi	ICITONDERWA: Nimba uvuga **Ikirundi (Kirundi)**, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona ku numero ya telefone yo kubuntu yanditse muri karangamuntu yawe.
6. Bisayan-Visayan (Cebuano)	ATENSYON: Kung **Cebuano (Cebuano)** ang imong sinultihan, magamit nimo ang mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Palihug tawag sa walay toll nga numero sa telepono nga nakalista sa imong kard sa identipikasyon.
7. Bengali-Bangala	ঘোষণা : আপনার ভাষা যদি **বাংলা (Bengali)** হয়, ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। দয়া করে আপনার পরিচয় পত্রে দেওয়া টোল-ফ্রি বা বিনাশুল্কের টেলিফোন নম্বরে ফোন করুন।
8. Burmese	သတိထားပါ- သင် **ဗမာစကား (Burmese)** ပြောဆိုလျှင်၊ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ အခမဲ့ရနိုင်သည်။ သင်၏ သက်သေခံကဒ်တွင် စာရင်းလုပ်ထားတဲ့ ဖြောခေပေးရန် မလိုသော ဖုန်းနံပတ်ကို ခေါ်ပါ။
9. Cambodian-Mon-Khmer	ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។
10. Cherokee	Ꭰ: ᏔᎩᏃ **ᏩᏔᏥ(Cherokee)** ᏍᏆᏂᏍᏗ ᏗᏥ, ᏕᏆᏂᏍᏍᏗ ᎠᏕᏩᏍᏗ ᎠᏴᏍᏕᏫᏍᏍᏗ ᎤᏍᏕᏅᏗᏍᏗ ᏍᏆᏂᏍᏗ, ᎠᏎᏃ, ᏂᏍᏃ ᏗᏕᏣᏅᏗ. ᏭᏴᏃᏓ ᎠᏎᏃ ᏒᏅ ᏗᏣᏃᏓᏗ ᏗᏎᏍᏗᏗᏕᏫᏍᏍᏗ ᏥᏕᏅᏫᏍᏗ ᏥᏕᏅᏍᏗᏗ ᏥᏕᏅᏍᏗᏗ.
11. Chinese	請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。
12. Choctaw	Anumpa Pa Pisa: **Chahta (Choctaw)** anumpa ish anumpuli hokmvt tohsholi yvt peh pilla ho chi apela hinla. Tvli anumpa holhtena yvt chi holisso iskitini takanli. Yvmma peh pilla ho i paya.

13. Cushite-Oromo	HUBACHISA: Kan ati dubbattu **Afaan Oromoo (Oromo)** yoo ta'ee, tajaajilliwwan gargaarsa afaanii, kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa kanfaltii malee Waraqaa Eenyummaa keerratti tareefameetiin bilbili.
14. Dutch	OPGELET: Indien u **Nederlands (Dutch)** spreekt zijn taalbijstandsdiensten gratis voor u beschikbaar. Gelieve het gratis telefoonnummer die u op uw identificatiekaart vindt te bellen.
15. French	ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.
16. French Creole-Haitian Creole	ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.
17. German	ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.
18. Greek	ΠΡΟΣΟΧΗ : Αν μιλάτε **Ελληνικά (Greek)**, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.
19. Gujarati	ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વિના મૂલ્યે પ્રાપ્ય છે. કૃપા કરી તમારા આઇડેન્ટીફિકેશન કાર્ડ પર આપેલા ટોલ-ફ્રી નંબર પર કોલ કરો.
20. Hawaiian	MALIU MAI! Inā 'ōlelo 'oe i ka **'ōlelo Hawai'i (Hawaiian)**, loa'a ke kōkua unuhi manuahi no ke kōkua 'ana aku iā'oe. 'Olu'olu e kelepona aku i ka helu kelepona kahea manuahi i ho'opa'a 'ia ma kāu kāleka hō'ike pilikino.
21. Hindi	ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।
22. Hmong	CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.
23. Ibo	GEE NTI: Ọ bụrụ na ina asụ asụsụ **Igbo (Igbo)**, enyemaka na-ahazi asụsụ, bu n'efu, dịrị gị mgbe niile. Biko kpọọ ndị toll-free na nọmbà ekwentị nke edepụtara na kaadi njirimara gị.
24. Ilocano	PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.
25. Indonesian	PERHATIAN: Jika Anda berbicara **Bahasa Indonesia (Indonesian)**, layanan bantuan bahasa akan tersedia untuk Anda secara gratis. Harap hubungi nomor telepon bebas pulsa yang tercantum pada kartu identitas Anda.

26. Italian	ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.
27. Japanese	注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。
28. Karen	ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်–ဖဲနမ့ၢ်ကတိၤ**ကညီကျိာ်(Karen)**နှဉ်,ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်,လၢတလိဉ်ဟ့ဉ်အပှ.၊ဘဉ်နှဉ်အိဉ်ဝဒဉ်လၢနဂီၢ်နှဉ်လိၤ. ဝံသးစူၤကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢတၢ်ကိးအီၤလၢတလိဉ်ဟ့ဉ်အပှၤဘဉ်လၢတၢ်ရဲဉ်လိၤဟ်အီၤလၢနတၢ်ဂီၤခိဉ်အကးအလိၤနှဉ်လိၤ.
29. Korean	알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.
30. Kru- Bassa	YI LÈ: I balè u mpòt **Bassa (Bassa)**, bot ba kòbòl mahòp yanga, bayé ha i nyuu hola wè. Sòhò, sébél i nsinga i yé ntilgaga i kat yòŋ i mbon nloŋ. U saa béé.
31. Kurdish-Sorani	تێبینی: گەر بە **کوردی سۆرانی(Kurdish Sorani)** قسە دەکەیت، بێبەرامبەر خزمەتگوزاری زمانت لەبەردەستە. تکایە پەیوەندی بکە بە ڕەقەم تەلەفۆنی بێبەرامبەر کە لە ناسنامەکەتدا نووسراوە.
32. Laotian	ກະລຸນາຟັງ: ຖ້າຫາກວ່າທ່ານເວົ້າພາສາ **ລາວ (Laotian)**,ການບໍລິການຊ່ວຍເຫຼືອສໍາລັບການພາສາ,ບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ,ມີສໍາລັບທ່ານ ກະລຸນາໂທຫາເບີໂທລະສັບໂທຟຣີທີ່ລະບຸ ໄວ້ໃນບັດປະຈໍາຕົວຂອງທ່ານ.
33. Marathi	कृपया लक्ष द्या: जर तुम्ही **मराठी (Marathi)** बोलत असल्यास, भाषा सहाय्य सेवा तुम्हाला मोफत उपलब्ध आहेत. कृपया तुमच्या ओळखपत्रावर दिलेल्या टोल फ्री कमांकावर संपर्क करा.
34. Marshallese	LALE: Ñe kwōj kōnono **Kajin Ṃajeļ (Marshallese)**, kwomaroñ bōk jerbal in jipañ in kajin ejjeļọk wōṇāān. Kwōn joun im kalļọk nōṃba eo ejjeļọk wōṇāān im ej jeje ilo kaat in identification eo aṃ.
35. Micronesian-Pohnpeian	KANSENOH: Ma komw **lokaiahn Pohnpei (Pohnpeian)**, mie sawas en mahsen, soh isepe, ong komwi. Menlau, eker delepwohn nempe me soh isepe me ntingihdi ni pein omwi doaropwe idihada.
36. Navajo	DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dę́ę́' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.
37. Nepali	ध्यान दें: यदि तपाईं **नेपाली (Nepali)** भाषा बोल्नुहुन्छ भने, तपाईंको निम्ति निशुल्क भाषा सेवा उपलब्ध छ। कृपया तपाईंको परिचय कार्डमा सूचीकृत फोन नम्बरमा कल गर्नुहोस्।
38. Nilotic-Dinka	DETTIC: Na yï jam ë **Thuɔŋjäŋ (Dinka)** ke kuɔɔny de wëër de thookyic abac atɔ alëu benë yï kony. Them ba cööt në namba de thiliŋ yenë cööt abac cï gɔ̈ɔ̈r në wereŋ dun ye yï nyuɔɔth kɔ̈u.
39. Norwegian	OBS: Hvis du snakker **norsk (Norwegian)**, kan du få gratis språkhjelp. Ring gratisnummeret som står på ID-kortet.

40. Pennsylvanian Dutch	AADACHT: Wann du **Deitsch Schwetze (Pennsylvanian Dutch)** kann, kannscht du frei Schprooch aushilfe griege. Ruf die frei telefon Nummer uff dei eegne ID Kaart.
41. Persian-Farsi	توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.
42. Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਪਛਾਣ-ਪੱਤਰ 'ਤੇ ਦਿੱਤੇ ਗਏ ਟੋਲ ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾੱਲ ਕਰੋ।
43. Polish	UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pood bezpłatny numer telefonu podany na karcie identyfikacyjnej.
44. Portuguese	ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.
45. Romanian	ATENȚIE: Dacă vorbiți **românește (Romanian)**, vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la numărul gratuit tipărit pe cardul dumneavoastră de identitate.
46. Russian	ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.
47. Samoan-Fa’asamoa	FAAALIGA: Afai e te tautala Faa-**Samoa (Samoan)**, o loo avanoa tautua mo fesoasoani tau gagana mo oe, e le totogia. Faamolemole vili le numera o le telefoni e le totogia o lisi atu i lau pepa faamaonia.
48. Serbo-Croation	POZOR: Ako govorite **hrvatski (Croatian)**, možete besplatno koristiti usluge prevodioca. Molimo nazovite besplatni broj telefona koji se nalazi na vašoj identifikacijskoj karti.
49. Somali	OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.
50. Spanish	ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.
51. Sudanic-Fulfulde	MAANDOORE: **(Fulani)**, to aɗa haala **Ingilisre**, walliinde wolde, caahu, e woodi ngam maaɗa. Kusu noddu limngal telefol ngol caahu limtaangal nder kaatiwol ID maaɗa.
52. Swahili	TAHADHARI: Kama unazungumza **Kiswahili (Swahili)**, huduma ya msaada wa lugha, bure, inapatikana. Tafadhali piga namba ya bure iliyopo kwenye kadi yako.

53. Syriac-Assyrian	ܐܝܬܝܠܟ ܐܝܟ ܡܠܦܢܐܝܬ ܠܫܢܐ ܣܘܪܝܝܐ **(Syriac)**، ܕܡܬܚܠܦܝܢ ܒܗ ܡܬܢܝܢ ܣܝܡܐ ܕܫܘܬܦܐ ܕܠܫܢܐ . ܒܝܢܬܘܟܝ ܡܢܐ ܕܟܐ ܕܝܢܬܐ ܕܐܝܬܝܠܗ ܒܫܡܐ ܕܬܥܪܝܦܘܬܐ ܕܝܠܟ .
54. Tagalog	PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.
55. Telugu	ముఖ్య గమనిక: మీరు **తెలుగు (Telugu)** మాట్లాడే వారైతే, సహాయక సర్వీసులు ఉచితంగా లభిస్తాయి. అందుకోసం, మీ గుర్తింపుకార్డుపైగల జాబితాలోఉండే టోల్ ఫ్రీ నంబరుకి దయచేసి కాల్ చెయ్యండి.
56. Thai	โปรดทราบ: หากคุณพูด**ภาษาไทย (Thai)** มีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยที่คุณไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลขโทรฟรีที่อยู่บนบัตรประจำตัวของคุณ
57. Tongan-Fakatonga	FAKATOKANGA: Kapau oku ke lea **Fakatonga (Tongan)**, ‘oku iai pe ‘ae sevesi fakatonulea ‘e lava ma’u ta’etotongi atu ma’au. Kataki o tā ki he fika ta’etotongi ‘oku tuku atu ihoo kaati ID.
58. Trukese (Chuukese)	NENENGENI: Ika ke aea kapasen **Chuuk (Chuukese)**, ke tongeni angei aninisin eman chon awewe, ese kamo. Kosemochen kori ewe nampa mei "toll-free" (weiweita ika ese kamo) mei mak won omw ena katen ID.
59. Turkish	DİKKAT: **Türkçe (Turkish)** konuşuyorsanız, dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen kimlik kartınızda yer alan ücretsiz telefon numarasını arayınız.
60. Ukrainian	УВАГА: Якщо ви розмовляєте **українською мовою (Ukrainian),** у вас є можливість скористатися безкоштовними послугами перекладача. Зателефонуйте, будь ласка, за безкоштовним номером, вказаним на вашій ідентифікаційній карті.
61. Urdu	توجہ درکار ہے: اگر آپ **اردو(Urdu)** زبان بولتے ہیں تو آپ کے لئےزبان معاون خدمات دستیاب ہے۔ برائے کرم آپ کے شناختی کارڈ پر دیے گئے ٹال فری فون نمبر پر کال کریں
62. Vietnamese	XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.
63. Yiddish	אויפמערקזאם: אויב איר רעדט **אידיש (Yiddish)**, זענען שפּראַך הילף סערוויסעס אַוועילעבל פאַר אייך פריי פון אָפּצאָל. ביטע רופט דעם טאָל-פריי נומער וואָס שטייט אויף אייער אידענטיפיקאַציע קאַרטל.
64. Yoruba	AKIYESI: Ti o bá nsọ **Yorùbá (Yoruba)**, iránlọwọ lóri èdè, l’ọfẹ, wà fun ọ. Jọwọ pe nọmbà ẹrọ ibánisọrọ ibodè-ọfẹ ti a tò sórí káádi idánimọ rẹ.