

AmeriHealth Caritas District of Columbia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas District of Columbia does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas District of Columbia:

- Provides free aids and services for people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free (no-cost) 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 AmeriHealth Caritas District of Columbia at **1-844-214-2470 (TTY 711)**. We are available 8 a.m. – 6 p.m., Monday – Friday.

If you believe that AmeriHealth Caritas District of Columbia 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 Enrollee Services in the following ways:

- By phone at **1-844-214-2470 (TTY 711)**
- In writing by fax at **202-408-8682**
- By mail at AmeriHealth Caritas District of Columbia, Enrollee Services Grievance Department, 200 Stevens Drive, Philadelphia, PA 19113

If you need help filing a grievance, AmeriHealth Caritas District of Columbia Enrollee Services 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 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 (TTY/TDD 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



English: If you do not speak and/or read English, please call 1-844-214-2470 (TTY 711), available 8 a.m. — 6 p.m., Monday — Friday. A representative will assist you.

Español: Si no habla o lee inglés, llame al 1-844-214-2470 (TTY: 711), disponible de 8 a.m. a 6 p.m., de lunes a viernes. Un representante le ayudará.

Tiếng Việt: Nếu bạn không nói và/hoặc đọc được tiếng Anh, vui lòng gọi số 1-844-214-2470 (TTY 711), từ 8 giờ sáng đến 6 giờ chiều, Thứ Hai đến Thứ Sáu. Sẽ có người đại diện hỗ trợ quý vị.

한국어: 영어를 말하거나 읽지 못하는 경우, 월요일부터 금요일, 오전 8시부터 오후 6시 사이에 1-844-214-2470(TTY 711)으로 전화해 주십시오. 담당자가 도와드릴 것입니다.

Français: Si vous ne parlez pas et/ou ne lisez pas l'anglais, veuillez appeler le 1-844-214-2470 (ATS 711), disponible de 8 h à 18 h, du lundi au vendredi. Un représentant pourra vous aider.

العربية: إذا كنت لا تتحدث و/أو لا تقرأ اللغة الإنجليزية، يرجى الاتصال على الرقم 1-844-214-2470 (خدمة الاتصال النصي "TTY" 711)، المتاحة من الساعة 8 صباحًا حتى 6 مساءً، من الاثنين إلى الجمعة. سيساعدك أحد الممثلين.

中文繁體: 如果您无法使用英语, 请拨打 1-844-214-2470 (TTY 711); 服务时间: 周一至周五上午 8 点至下午 6 点。客服代表将为您提供帮助。

Русский: Если вы не говорите и/или не читаете по-английски, позвоните по телефону 1-844-214-2470 (TTY 711), который работает с 8:00 до 18:00, с понедельника по пятницу. Представитель поможет вам

မြန်မာ - အကယ်၍ သင်သည် အင်္ဂလိပ်လို မပြောတတ်ပါက /သို့မဟုတ် မဖတ်တတ်ပါက၊ 1-844-214-2470 (TTY 711) သို့ နံနက် ၈ နာရီမှ ညနေ ၆ နာရီအတွင်း တနင်္လာနေ့မှ သောကြာနေ့အထိ ခေါ်ဆိုနိုင်ပါသည်။ ကိုယ်စားလှယ်တစ်ဦးက ကူညီပေးပါမည်။

中文廣東話: 如果您無法使用英語, 請撥打 1-844-214-2470 (TTY 711); 服務時間: 週一至週五上午 8 點至下午 6 點。客服代表將為您提供協助

فارسی: اگر به زبان انگلیسی صحبت نمی کنید و/یا نمی خوانید، لطفاً با شماره 1-844-214-2470 (TTY 711) تماس بگیرید که از ساعت 8 صبح تا 6 بعد از ظهر، دوشنبه تا جمعه در دسترس است. یک نماینده به شما کمک خواهد کرد

Polski: Jeśli nie mówisz i/lub nie czytasz po angielsku, zadzwoń pod numer 1-844-214-2470 (TTY 711), dostępny od 8:00 do 18:00, od poniedziałku do piątku. Przedstawiciel Ci pomoże

Portuguese: Se você não fala e/ou não lê em inglês, ligue para 1-844-214-2470 (TTY 711), com atendimento disponível das 08h00 às 18h00, de segunda a sexta-feira. Um integrante da equipe poderá ajudar você

ਪੰਜਾਬੀ: ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-844-214-2470 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ, ਜੋ ਕਿ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 6 ਵਜੇ ਤੱਕ, ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਤੱਕ ਉਪਲਬਧ ਹੈ। ਇੱਕ ਪ੍ਰਤੀਨਿਧੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ

Kreyòl Ayisyen: Si ou pa pale ak/oswa li anglè, tanpri rele 1-844-214-2470 (TTY 711), ki disponib apati 8 è nan maten pou rive 6 è nan aswè, lendi jiska vandredi. Yon reprezantan ap asiste ou

हिंदी: अगर आप अंग्रेज़ी बोल और/या पढ़ नहीं सकते, तो कृपया 1-844-214-2470 (TTY 711) पर कॉल करें, यह फ़ोन सोमवार से शुक्रवार, सुबह 8 बजे से शाम 6 बजे तक उपलब्ध है। एक प्रतिनिधि आपकी सहायता करेगा

Soomaali: Haddii aadan ku hadlin ama akhrin Ingiriisi, fadlan wac 1-844-214-2470 (TTY 711), waxaana lagugu caawin karaa Isniinta ilaa Jimcaha, 8 subaxnimo – 6 fiidnimo. Wakiil ayaa ku caawin doona

Hmoob: Yog koj tsis paub hais thiab/los sis tsis paub nyeem Lus Askiv, ces thov hu rau 1-844-214-2470 (TTY 711), txij 8 teev sawv ntxov – 6 teev tsaus ntuj, Hnub Monday – Hnub Friday. Yuav muaj ib tug neeg sawv cev los pab koj

Italiano: Se non parli e/o non leggi l'inglese, chiama il numero 1-844-214-2470 (TTY 711), disponibile dalle 8:00 alle 18:00, dal lunedì al venerdì. Un rappresentante ti assisterà

Tagalog: Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang 1-844-214-2470 (TTY 711), na available nang 8 a.m. — 6 p.m., Lunes — Biyernes. Tutulungan ka ng isang kinatawan

日本語: 英語をお話しにならない場合やお読みにならない場合は、1-844-214-2470 (TTY 711) までご連絡ください(月曜日～金曜日、午前8時から午後6時まで)。担当者がご案内いたします。

