



Mary Washington

Medicare Advantage

Notice of Non-Discriminatory Practices

Mary Washington Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Mary Washington Medicare Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Mary Washington Medicare Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified interpreter services
- Written information in other formats

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreter services
- Information written in other languages

If you need these services, contact Customer Service at 844.529.3760 (TTY: 711).

If you believe that Mary Washington Medicare Advantage 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:

Section 1557 Compliance Coordinator

ATTN: Discrimination Grievance

Amy McClain, CHC

Regulatory Affairs & Risk Management

Mary Washington Healthcare

2300 Fall Hill Ave, Suite 509

Fredericksburg, VA 22401

Ph: 540-741-1821

Fax: 540-741-1097

You must file a grievance using the prescribed form in writing by mail, fax, or email. You may request a form and instruction on how to file a grievance from the Coordinator at the contact information above.

If you need help filing a grievance, the Compliance Coordinator 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, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Mary Washington Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in Mary Washington Medicare Advantage depends on contract renewal.

Multi-Language Interpreter Services

ENGLISH: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-844-529-3760 (TTY: 711).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-529-3760 (TTY: 711).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-529-3760 번 (TTY: 711 번)으로 전화하십시오.

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-529-3760 (TTY: 711).

CHINESE: 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 1-844-529-3760 (TTY: 711)。

ARABIC: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-529-3760 (رقم هاتف الصم والبكم: 711).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo para sa tulong sa wika na maaari mong gamitin. Tumawag sa 1-844-529-3760 (TTY: 711).

PERSIAN (FARSI): 1-توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 844-529-3760 (TTY: 711) تماس بگیرید.

AMHARIC: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገዳጅ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-844-529-3760 (መስማት ለተሳናቸው: 711)።

URDU: 1-844-529-3760 (TTY: 711) خیردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

FRENCH: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-529-3760 (ATS: 711).

RUSSIAN: ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру 1-844-529-3760 (телетайп: 711).

HINDI: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-529-3760 (TTY: 711) पर कॉल करें।

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter 1-844-529-3760 (TTY: 711).

BENGALI: লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৪৪-৫২৯-৩৭৬০ (TTY: ৭১১)।

KRU (BASSA): Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò b̄èin m̄ gbo kpáa. Dá 1-844-529-3760 (TTY: 711)