

LANGUAGE ASSISTANCE

Community Health Choice, Inc. is required by federal law to provide the following information.



NON-DISCRIMINATION STATEMENT (HHS)

Community Health Choice, Inc. (Community) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Community does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Community provides free aids and services to people with disabilities to communicate written information in other formats (large print, audio, accessible electronic formats, other formats). Community provides free language services to people whose primary language is not English, such as, you need these services, contact the Community Member Services Department at 1.888.760.2600. If you believe that Community 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 complaint by mail, fax or email:

; Q W E C P , N G C I T K G X C P E G K P R Q M T U E C P P C T N U Q , N G C E K X K N T K I

U.S. Department of Health and Human Services,

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at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,

or by mail or phone at:

by mail, fax or email:

Service Improvement Department
4888 Loop Central Drive, Suite 600
Houston, Texas 77081

Phone: 1.888.760.2600
Email: ServiceImprovement@CommunityHealthChoice.org

U.S. Department of Health
and Human Services
200 Independence Avenue, SW
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Washington, D.C. 20201

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ASISTENCIA CON EL IDIOMA

Las leyes federales requieren que Community Health Choice, Inc. proporcione la siguiente información.

DECLARACIÓN CONTRA LA DISCRIMINACIÓN (HHS)

Community Health Choice, Inc. (Community) cumple con las leyes federales aplicables de derechos civiles, y no discrimina con base a raza, color, nacionalidad, edad, discapacidad o sexo. Community no excluye a las personas y ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo. Community proporciona ayuda y servicios gratuitos a las personas con discapacidades para comunicarse de manera efectiva con nosotros, como intérpretes (EWCK, ECFQU FG NGPIWCLG FG UGÍCU [HQTOCVQU NGVTC ITCPFG CWFKQ HQTOC] formatos). Community proporciona servicios gratuitos de idiomas a personas cuyo idioma materno no es el inglés, como intérpretes (EWCK, ECFQU G KPHQTOCEKÍP GUETKVC GUVQU UGTXKEKQU EQOWPÉSWGUG EQP G Community al teléfono 1.888.760.2600. Si cree que Community no ha brindado estos servicios o ha discriminado de otra manera con base a raza, color, nacionalidad, edad, discapacidad o sexo, usted puede presentar una queja.

2 W G F G R T G U G P V C T W P C S W G L C T a G I B O R Q u e d a q u e s t a r u n a q u e j a d e d e r e c h o s
R Q T E Q T T G Q H C Z Q R Q T E Q T T G Q i l e G A n f e E v D e b a k e m e n t o d e S a l u d y S e r v i c i o s

Service Improvement Department
4888 Loop Central Drive, Suite 600
Houston, Texas 77081

Teléfono: 1.888.760.2600
Correo electrónico: ServiceImprovement@CommunityHealthChoice.org

%KXKNGU GP HQTOC GNGEVTIPKE
SWGLCU FG NC 1, EKPC FG & GTGEJ
en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o
por correo postal o por teléfono al:

Departamento de Salud y Servicios Humanos
de EE. UU.
200 Independence Avenue, SW
4 Q Q O (* * * \$ W K N F K P I
Washington, D.C. 20201

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