

Novant Health 經濟援助簡明語言概述

政策概述

Novant Health 將為接受醫療上必需服務並符合政策的資格要求的患者提供經濟援助。如果有資格獲得經濟援助，患者將獲得 100% 折扣或免費護理。經濟援助計劃不涵蓋選擇性服務。

如何申請？

您可透過以下方式獲得經濟援助政策、患者差額計費與收費政策、經濟援助申請表，及經濟援助政策的簡明語言概述的副本（提供英語和其他語言的版本）：

- 訪問 Novant Health 網站：<http://www.novanthealth.org/home/patients--visitors/your-healthcare-costs/financial-assistance-for-the-uninsured.aspx>
- 按照列於下一頁的地址訪問任何 Novant Health 醫院的財務諮詢辦公室。財務諮詢可協助您填寫申請表。
- 撥打免費電話 1-844-266-8268（分機號 3）聯絡客戶服務部，並請求向您寄送政策和申請表的免費副本。
- 使用列於下一頁的電話號碼聯絡任何 Novant Health 醫院財務顧問：

我是否符合資格？

為取得經濟援助資格，您必須滿足以下所有條件：

- 患者必須未參加保險或者（在特定情況下）具有有限的保險範圍。
- 患者必須無法參加承保醫療費用的其他計劃。
- 患者的家庭年收入必須不超過當年聯邦貧困指標的 300%。
- 患者必須沒有大量現金資產。
- 患者不得有被拒絕的僱主健康保險。
- 患者不得因為不符合要求而無資格參加政府支持的保險。
- 服務必須是醫療上必需的服務（通常定義為緊迫或緊急）。
- 患者必須居住在 Novant Health 服務區。
- 必須向醫院業務辦公室或財務諮詢部門提交申請表和支援文檔。

我如何知道自己是否獲得批准？

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收到所有必要的文檔後，將審核申請表。將向每位申請者寄送批准或拒絕信。必須每隔六個月，或在患者的收入或其他重要條件出現變化時，更新經濟援助申請表和支援文檔。將審核六個月內的每次就診，以瞭解是否可能參加其他計劃。

除外責任：

本政策僅適用於 Novant Health 設施提供的服務。它不適用於未受僱於 Novant Health 的任何獨立醫師或執業醫師提供的服務。這包括但不限於麻醉醫師、放射治療師和病理科醫師。

向符合經濟援助資格的個人收取的費用不會超過通常向其保險涵蓋此類護理的個人接受的緊急護理或其他醫療上必需的護理收取的費用。

Novant Health Forsyth 醫療中心 3333 Silas Creek Parkway Winston-Salem, NC 27103	
Novant Health Clemmons 醫療中心 6915 Village Medical Circle Clemmons, NC 27012	
Novant Health Kernersville 醫療中心 1750 Kernersville Medical Parkway Kernersville, NC 27284	
Novant Health 醫療園醫院 1950 S Hawthorne Rd Winston-Salem, NC 27103	(336) 718-5393
Novant Health Thomasville 醫療中心 207 Old Lexington Rd Thomasville, NC 27360	
Novant Health Rowan 醫療中心 612 Mocksville Ave Salisbury, NC 28144	
Novant Health 長老會醫療中心 200 Hawthorne Ln	(704) 384-0539

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Charlotte, NC 28204	
Novant Health Matthews 醫療中心 1500 Matthews Township Parkway Matthews, NC 28105	
Novant Health Huntersville 醫療中心 10030 Gilead Rd Huntersville, NC 28078	
Novant Health Charlotte 矯形醫院 1901 Randolph Rd Charlotte, NC 28207	
Novant Health Brunswick 醫療中心 240 Hospital Dr NE Bolivia, NC 28422	
Novant Health Prince William 醫療中心 8700 Sudley Rd Manassas, VA 20110	(703) 369-8020
Novant Health Haymarket 醫療中心 15225 Heathcote Blvd Haymarket, VA 20169	

Notice of nondiscrimination

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

Novant Health:

- Provides free aids and services to 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 language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact Novant Health interpreter services toll-free at 1-855-526-4411, then select option 3. TDD/TTY: 1-800-735-8262.

If you believe that Novant Health has not provided 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:

Patient services department
Attn: Section 1557 coordinator
200 Hawthorne Lane
Charlotte, NC 28204

Telephone: 1-888-648-7999 (toll-free)
TDD/TTY: 1-800-735-8262

NovantHealth.org/home/contact-us.aspx

You may file a grievance by mail, in person at the Novant Health facility where care was provided, or by submitting the form at the link above. If you need help filing a grievance, call toll-free, 1-888-648-7999 or TDD/TTY 1-800-735-8262.

You may 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 online 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at hhs.gov/ocr/office/file/index.html

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-855-526-4411. Select option 3. TDD/TTY: 1-800-735-8262.



Notice of nondiscrimination

Español (Spanish)	ATENCIÓN: Los servicios de asistencia lingüísticos, gratuitos, están disponibles para usted. Llame al 1-855-526-4411. Seleccione la opción 3. TDD/TTY: 1-800-735-8262.
繁體中文 (Chinese)	注意：您可以享受免費的語言協助服務。請撥打1-855-526-4411。選擇選項3。TDD/TTY：1-800-735-8262。
Tiếng Việt (Vietnamese)	CHÚ Ý: Có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi 1-855-526-4411. Chọn tùy chọn 3. TDD/TTY: 1-800-735-8262.
한국어 (Korean)	주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-855-526-4411 번으로 전화하십시오. 옵션 3을 선택하십시오. TDD/TTY: 1-800-735-8262.
Français (French)	IMPORTANT : Des services d'assistance linguistique gratuits sont à votre disposition. Appelez le +1 855 526 4411. Sélectionnez l'option 3. Dispositif de télécommunication pour sourds et malentendants : +1 800 735 8262.
العربية (Arabic)	ملاحظة: خدمات المساعدة اللغوية المجانية متاحة لك. اتصل على الرقم 1-855-526-4411. اختر الخيار 3. جهاز الاتصال الكتابي/الهاتف النصي: 1-800-735-8262.
Русский (Russian)	ВНИМАНИЕ: Для вас доступна бесплатная услуга языковой поддержки. Позвоните по телефону 1-855-526-4411. Выберите вариант 3. Текстовый телефон/телетайп: 1-800-735-8262.
Tagalog (Tagalog – Filipino)	ATENSYON: May mga libreng serbisyo ng tulong sa wika na available sa iyo. Tumawag sa 1-855-526-4411. Piliin ang opsyon 3. TDD/TTY: 1-800-735-8262.
فارسی (Farsi)	برائے توجہ: 1-855-526-4411 خدمات ترجمہ بہ طور رایگان در اختیار تان قرار دارد. با شماره 1-855-526-4411 را انتخاب کنید. تماس بگیرند. گزینه TDD/TTY: 1-800-735-8262
አማርኛ (Amharic)	ማሳሰቢያ:- የጥንቁ አርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ 1-855-526-4411 ላይ ይደውሉ። አማራጭ 3ን ይምረጡ። TDD/TTY:- 1-800-735-8262.
Deutsch (German)	HINWEIS: Es stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Wählen Sie +1 855 526 4411. Wählen Sie Option 3 aus. TDD/TTY: 1 800 735 8262.
اُردُو (Urdu)	برائے توجہ: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-855-526-4411 پر فون کریں۔ اختیار 3 چنیں۔ TDD/TTY: 1-800-735-8262
हिंदी (Hindi)	ध्यान दें: आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-526-4411 को कॉल करें। विकल्प 3 चुनें। TDD/TTY: 1-800-735-8262.
ગુજરાતી (Gujarati)	સાવધાન: તમારા માટે ભાષા સહાય સેવાઓ, વિના મૂલ્યે, ઉપલબ્ધ છે. 1-855-526-4411 પર કોલ કરો. વિકલ્પ 3 પસંદ કરો. TDD/TTY: 1-800-735-8262.
বাংলা (Bengali)	মনোযোগ দিন: আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা লভ্য আছে। 1-855-526-4411 নম্বরে ফোন করুন। বিকল্প 3 নির্বাচন করুন। TDD/TTY: 1-800-735-8262।

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- Provides free aids and services to 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)
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If you believe that Novant Health UVA Health System has not provided 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:

Patient services department
Attn: Section 1557 coordinator
200 Hawthorne Lane
Charlotte, NC 28204

Telephone: 1-888-648-7999 (toll-free)
TDD/TTY: 1-800-735-8262

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You may 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 online 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at hhs.gov/ocr/office/file/index.html

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