

**የኖቫንትን ጤ የገንዘብ እገዛ በተመለከተ በቀላል ቋንቋ የቀረበ አጭ መግለጫ(Novant Health Financial Assistance Plain Language Summary)**

**የፖሊሲ አጭ መግለጫ**

የኖቫንት ጤ (Novant Health) ከፍተኛ የሆነ ህክምናዎ አስፈላጊነት ያላቸውን አገልግሎቶች ለመቀበልና ፖሊሲው የሚይዙባቸውን መብራሮቶች ለመጽገፍ ለሚገቡ ህክምናዎች የገንዘብ ድጋፍ ያደርጋል። የገንዘብ እገዛ ለማግኘት ብቁ የሆኑ ህክምናዎች 100% የዋጋ ቅናሽ ተጠቃሚዎች ለውይይት ህክምና ያገኛሉ። የገንዘብ እገዛ ፕሮግራም መብራሪያዎችን ያልሆኑ አጭ ጭቆናዎች የህክምና አገልግሎቶችን (elective services) አይሸፍንም።

**እንዴት ነው ማግኘት ያለብኝ?**

በእንግሊዘኛና በሌሎች ቋንቋዎች የተዘጋጁ የገንዘብ ድጋፍ ፖሊሲ፣ የክፍያ መጠየቂያና የህክምና ሁኔታዎች - ሂሳብ አሰባሰብ ፖሊሲ፣ የገንዘብ እገዛ ማግኘት ቅጽ፣ እንዲሁም የገንዘብ እገዛ ፖሊሲውን የሚፈጽሙ በቀላል ቋንቋ የተዘጋጀ አጭ መረጃ የያዙ ቅጂዎች ከሚተላለፈው ደረ-ገጽ ማግኘት ይቻላል።

- ይህንን ለመረግ የኖቫንት ጤ (Novant Health) ደረ-ገጽ <http://www.novanthealth.org/home/patients--visitors/your-healthcare-costs/financial-assistance-for-the-uninsured.aspx> ይጎብኙ።
- እንዲሁም በሚጠየቀው ገጽ ላይ በተዘረዘሩት አድራሻዎች በመጠየቅ፣ በየትኛውም Novant Health ሆስፒታል ላይ የሚገኙ የገንዘባዊ እገዛ ምክር መብጫ ጽህፈት ቤቶችን መጎብኘት ይቻላል። የገንዘብ ምክር አገልግሎት መብጫው ከሚጠየቀው አዘገጃጀት ጋር የተያያዘ ድጋፍ ለሰጥ ይቻላል።
- በነጻ መጠየቅ 1-844-266-8268 ምረጫ አጭ ስምዎን ወይም የደምጠኛዎች አገልግሎት ሜዳና ስራ ለመደወል፣ የፖሊሲውን ነጻ ቅጂ እና የሚጠየቀውን ቅጽ በገሰጡ ላይ ይጠየቁ።
- በሚጠየቀው ገጽ ላይ የተዘረዘሩትን ስልክ ቁጥሮች በመጠየቅ ማግኘት የኖቫንት ጤ (Novant Health) ሆስፒታል ገንዘባዊ ምክር ሰጪዎችን ለመጠየቅ ይቻላል።

**እኔ ለዚህ ብቁ ነኝ?**

የገንዘብ እገዛውን ለማግኘት ብቁ ለመሆን፣ የሚተላለፉት መብራሮቶች በመቁመጥ ይኖርባቸዋል።

- ህክምናዎ ፍጹም የሆነ ሽፋን የለው/የለሉት ወይም በአንዳንድ ሁኔታዎች የሚገኘው/የምትገኘው የሆነ ሽፋን አላቸው/ላት።
- ህክምናዎ ለሌሎች የህክምና ወጪዎችን የሚገኙ ፕሮግራሞችን ማግኘት የሚችሉ/የሚችሉ መሆን አለባቸው/ላት።
- የህክምናዎ አመጣጥ የቤተሰብ ገቢ ከአሁኑ የፊደራል ድህነት መጭምር ከ 300% የሚበልጥ መሆን አለባቸው።
- ህክምናዎ ዳንስ ያለ ገንዘብ ለመገደብ የሚችል ሁኔታ ወይም ገቢዎች የለሉ መሆን አለባቸው/ላት።
- ህክምናዎ በአሰሪዎ/ዎ አጭ ስምዎን የቀረበለትን/ላትን የሆነ ሽፋን ለመቀበል ፈቃደኛ ያልሆነ /ች መሆን የለባቸው/ላትም።
- ህክምናዎ መብራሮቶችን ባለሙያ/ቱ/ቷ ምክንያት በመግባት ስፖንሰር የሚረጉ ሽፋኖችን ለማግኘት ብቁ ያልሆነ /ች መሆን የለባቸው/ላትም።

**የኖቫንትን የገንዘብ እገዛ በተመለከተ በቀላል ቋንቋ የቀረበ አጭር መግለጫ (Novant Financial Assistance Plain Language Summary)**

- አገልግሎቱ የግድከፍተኛ ህክምናዎ አስፈላጊነት እንዳለዎቹ ተረጋግጦ መሆን አለበት (በአጠቃላይ አስቸኳይ ወይም ቅጽበታዊ ተጠቃሚ ማለጽ)።
- ታካሚዎ ግድ በኖቫንት ጤና (Novant Health) የአገልግሎት ቀጠፍ ውስጥ የሚኖር/የሚኖሩ መሆን አለበት/ባት።
- ማጠቃለያዎንና ተጨማሪ ሰነዶችን ወደ ሆስፒታሉ የባዘኑ ስጋት ስጋት ወይም ወደ ገንዘባዊ ምክር መስጫ ክፍል ማረከብ የግድነው።

**ተቀባይነት ማግኘትን እንዴት ማወቅ እችላለሁ?**

ሁሉም አስፈላጊ ሰነዶች ከቀረቡ በኋላ ማጠቃለያዎ ማረጋገጥ ይሆናል። ማጠቃለያዎን ተቀባይነት ማግኘት ወይም ወደቅ መረጋገጥ የሚፈልጉ ደብዳቤዎች ወደ እያንዳንዱ አጭካች ይላካሉ። የገንዘብ እገዛ ማየቱን ማጠቃለያዎ ሰነዶች በየስድስት ወፍ፣ ወይም የታካሚዎ ለውጥ ወይም ለሌሎች ቁልፍ ሁኔታዎች ላይ ለውጥ ሰፊ ጥያቄ መቻሉን ይገልጻል። እያንዳንዱ በስድስት ወፍ ውስጥ የሚረጋገጥ ጉዞዎን የሌሎች ፕሮግራሞች ተጠቃሚነት እንዳይኖር ለማወቅ ፍተሻ ይደረግበታል።

**ከዚህ ወጭ ሆኑ ሁኔታዎች፡-**

ይህ ሀሳብ በኖቫንት የጤና ተቋም (Novant Health facility) የሚጠቀሙ አገልግሎቶችን ብቻ ይመለከታል። ይህ ሀሳብ በሚኖረው በ Novant Health ባልተቀጠሉ ነጻ ህክምና ወይም ፕራክቲሽን ሮች የሚጠቀሙ አገልግሎቶችን አይመለከትም። ይህም የሚደረግ ህክምና ባለሙያዎች (Anesthesiologists)፣ የፊርሮ ህክምናዎች (Radiologists)፣ ፓቶሎጂስቶችንና ሌሎችንም ያጠቃልላል።

ሚኖረው የገንዘብ እገዛ ለማግኘት ብቻ የሆነ ግለሰብ የሚሆን ሽፋን ያላቸው ሰዎች ለአስቸኳይ ህክምና ወይም ለሌላ ለጤና አስፈላጊነት ላለው ህክምና ከሚሆኑ ቁጥ አጠቃላይ ክፍያ በላይ አይጠየቅም።

|   |                |
|---|----------------|
| ኖቫንት ጤና ፎርሲዝ የህክምና ማእከል (Novant Health Forsyth Medical Center)<br>3333 Silas Creek Parkway<br>Winston-Salem, NC 27103         | (336) 718-5393 |
| ኖቫንት ጤና ክሌምንስ የህክምና ማእከል (Novant Health Clemmons Medical Center)<br>6915 Village Medical Circle<br>Clemmons, NC 27012         |                |
| ኖቫንት ጤና የህክምና ማእከል (Novant Health Kernersville Medical Center)<br>1750 Kernersville Medical Parkway<br>Kernersville, NC 27284 |                |
| ኖቫንት ጤና የህክምና ፓርክ ሆስፒታል (Novant Health Medical Park Hospital)<br>1950 S Hawthorne Rd<br>Winston-Salem, NC 27103               |                |
| ኖቫንት ጤና ቶማስቪል የህክምና ማእከል (Novant Health Thomasville Medical Center)   |                |

**የኖቫንትን የገንዘብ እገዛ በተመለከተ በቀላል ቋንቋ የቀረበ አጭር መግለጫ (Novant Financial Assistance Plain Language Summary)**

|  |                |
|--|----------------|
| <p>207 Old Lexington Rd<br/>Thomasville, NC 27360</p> <p>ኖቫንት ጤ ሮዋን የህክምና ማእከል (Novant Health Rowan Medical Center)<br/>612 Mocksville Ave<br/>Salisbury, NC 28144</p> |                |
| <p>ኖቫንት ጤ ፕሪስባይትሪያን የህክምና ማእከል (Novant Health Presbyterian Medical Center)<br/>200 Hawthorne Ln<br/>Charlotte, NC 28204</p>  |                |
| <p>ኖቫንት ጤ ማቲውስ የህክምና ማእከል (Novant Health Matthews Medical Center)<br/>1500 Matthews Township Parkway<br/>Matthews, NC 28105</p>  |                |
| <p>ኖቫንት ጤ ሃንተርስቪል የህክምና ማእከል (Novant Health Huntersville Medical Center)<br/>10030 Gilead Rd<br/>Huntersville, NC 28078</p>  | (704) 384-0539 |
| <p>ኖቫንት ጤ ቻርለት ኦርቶፔዲክ ሆስፒታል (Novant Health Charlotte Orthopedic Hospital)<br/>1901 Randolph Rd<br/>Charlotte, NC 28207</p>   |                |
| <p>ኖቫንት ጤ ቡንደን የህክምና ማእከል (Novant Health Brunswick Medical Center)<br/>240 Hospital Dr NE<br/>Bolivia, NC 28422</p>  |                |
| <p>ኖቫንት ጤ ፕሪንስ ዊልያም የህክምና ማእከል (Novant Health Prince William Medical Center)<br/>8700 Sudley Rd<br/>Manassas, VA 20110</p>   | (703) 369-8020 |
| <p>ኖቫንት ጤ ሃይማርኬት የህክምና ማእከል (Novant Health Haymarket Medical Center)<br/>15225 Heathcote Blvd<br/>Haymarket, VA 20169</p>  |                |
| <p></p>  |                |
| <p></p>  |                |

# 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](https://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](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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://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)            | <b>ATENCIÓN:</b> 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)      | <b>CHÚ Ý:</b> 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)            | <b>IMPORTANT :</b> 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)            | <b>ВНИМАНИЕ:</b> 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) | <b>ATENSYON:</b> 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:- የጥንቃቄ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ 1-855-526-4411 ላይ ይደውሉ። አማራጭ 3ን ይምረጡ። TDD/TTY:- 1-800-735-8262.  |
| Deutsch (German)             | <b>HINWEIS:</b> Es stehen Ihnen kostenlose Sprachassistentendienste 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)                | <b>ध्यान दें:</b> 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)           | <b>સાવધાન:</b> 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)              | <b>মনোযোগ দিন:</b> 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।  |

# Notice of nondiscrimination

Novant Health UVA Health System 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 UVA Health System does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Novant Health UVA Health System:

- 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 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

[NovantHealth.org/home/contact-us.aspx](https://NovantHealth.org/home/contact-us.aspx)

You may file a grievance by mail, in person at the Novant Health UVA Health System 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](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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://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)            | <b>ATENCIÓN:</b> 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)      | <b>CHÚ Ý:</b> 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)            | <b>IMPORTANT :</b> 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)            | <b>ВНИМАНИЕ:</b> 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) | <b>ATENSYON:</b> 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: 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:- የጥንቃቄ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ 1-855-526-4411 ላይ ይደውሉ። አማራጭ 3ን ይምረጡ። TDD/TTY:- 1-800-735-8262.  |
| Deutsch (German)             | <b>HINWEIS:</b> 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 निःशुल्क 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।   |