

October 28, 2019

[Department (for example cc106)]
[Member name]
[Address 1]
[Address 2]
[City, State ZIP]

Dear Valued AmeriHealth Caritas DC member [Member name]:

You are currently assigned to a MD or DC Dental Group Primary Dental Provider (PDP) at one of the locations listed below.

MD and DC Dental:

1305 GOOD HOPE RD	Washington	DC	20020-6909	8TH WARD
6213 GEORGIA AVE NW	Washington	DC	20011-5111	4TH WARD
1223 BRENTWOOD AVE NE	Washington	DC	20018-1019	5TH WARD
2021 MARTIN LUTHER KING AVE SE	Washington	DC	20020-7007	8TH WARD
2900 14TH ST NW	Washington	DC	20009-6863	1ST WARD
3029 MARTIN LUTHER KING AVE SE STE 100 SE	Washington	DC	20032-2506	8TH WARD
4063 MINNESOTA AVE NE	Washington	DC	20019-3541	8TH WARD
4435 BENNING RD NE	Washington	DC	20019-4556	7TH WARD
4530 40TH ST NW UNIT B NW	Washington	DC	20016-1811	3RD WARD
4911 GEORGIA AVE NW	Washington	DC	20011-4525	4TH WARD
777 H ST NE	Washington	DC	20002-3626	5TH WARD

This PDP group will no longer be providing dental services to AmeriHealth Caritas District of Columbia (DC) members after «**Term Date**». Because your health is important to us, we have assigned you a new PDP. Your newly assigned PDP’s information is listed below.

PDP starting: «Effective_Date»
«To_Provider_Full_Name»
«To_Provider_Addr_1»
«To_Provider_City», «To_Provider_State»
«To_Provider_Zip»
«To_Prov_Phone»



You will get a new AmeriHealth Caritas DC ID card with the new PDP listed. Please use the ID card you have now until you get your new one. Please call your PDP to schedule an appointment should you need care. If you want to choose a different AmeriHealth Caritas DC PDP than the one listed above, you can call Member Services at 202-408-4720 or toll free at 1-800-408-7511. We are open 24 hours a day, 7 days a week. You can also find a list of doctors by visiting our website at www.amerihhealthcaritasdc.com. We hope this information is helpful.

Sincerely,

Nathan Fletcher, DDS
Dental Director

1250 Maryland Avenue S.W., Suite 500, Washington, DC 20024



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. AmeriHealth Caritas District of Columbia does not exclude people or treat them differently 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 **1-800-408-7511** (TTY/TDD **202-216-9885** or **1-800-570-1190**). We are available 24 hours a day.

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 Member Services in the following ways:

- By phone at **202-408-4720** or toll free at **1-800-408-7511**
- In writing by fax at **202-408-8682**
- By mail at AmeriHealth Caritas District of Columbia, Member Services Grievance Department, 200 Stevens Drive, Philadelphia, PA 19113

If you need help filing a grievance, AmeriHealth Caritas District of Columbia Member 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.



Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call **1-800-408-7511** (TTY/TDD: 202-216-9885 or 1-800-570-1190).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-408-7511** (TTY/TDD: 202-216-9885 o 1-800-570-1190).

Amharic: ማሳሰቢያ: እሚርኛ መናገር የሚችሉ ከሆነ፣ ከከፍተኛ ነጻ የሆነ የቋንቋ ድጋፍ አገልግሎት ይቀርብልዎታል። በስልክ ቁጥር **1-800-408-7511** (TTY/TDD: 202-216-9885 ወይም 1-800-570-1190) ይደውሉ

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-408-7511** (رقم هاتف الصم والبكم TTY/TDD: 202-216-9885 أو 1-800-570-1190).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique sont à votre disposition sans frais. Appelez le **1-800-408-7511** (ATS/ATME : 202-216-9885 ou 1-800-570-1190).

Chinese Mandarin: 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: **1-800-408-7511** (TTY/TDD: 202-216-9885 或 1-800-570-1190)。

Portuguese: ATENÇÃO: Se você fala português, estão disponíveis para você serviços de assistência linguística, sem nenhum custo. Ligue para **1-800-408-7511** (TTY/TDD: 202-216-9885 ou 1-800-570-1190).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-408-7511** (TTY/TDD: 202-216-9885 o 1-800-570-1190).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-408-7511** (TTY/TDD: 202-216-9885 или 1-800-570-1190).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-408-7511** (TTY/TDD: 202-216-9885 o 1-800-570-1190).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-408-7511** (TTY/TDD: 202-216-9885 hoặc 1-800-570-1190).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-408-7511** (TTY/TDD: 202-216-9885 又は 1-800-570-1190)。まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-408-7511** (TTY/TDD: 202-216-9885 혹은 1-800-570-1190). 번으로 전화해 주십시오.

Yoruba: ÀKÍYÈSÌ: Bí ó bá ñsọ Yorùbá, àwọn iṣẹ iranlọwọ èdè wà fún ọ l'òṣẹ́. Pe **1-800-408-7511** (TTY/TDD: 202-216-9885 tàbí 1-800-570-1190).

Thai: โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการผู้ช่วยด้านภาษา โดยไม่มีค่าใช้จ่าย กรุณาติดต่อที่หมายเลข **1-800-408-7511** (TTY/TDD: 202-216-9885 หรือ 1-800-570-1190).

German: ACHTUNG: Wenn Sie Deutsch sprechen, ist Sprachunterstützung für Sie kostenlos verfügbar. Rufen Sie **1-800-408-7511** (TTY/TDD: 202-216-9885 oder 1-800-570-1190).