modivcare

COMPLIMENT REPORT

South Carolina

Thank you for your willingness to share success stores for our monthly newsletters! It is our pleasure to share these successes publicly with your permission. Please include driver name, if applicable.
If you want the success to be shared with Modivcare and DHHS, but *not* shared externally, please check this box. ☐

Submitted by:	Email:
Address:	
Phone:	Fax:

Tell Us Your Story

Send completed form to
Modvicare Solutions, LLC
545 N. Pleasantburg Drive, Suite 202
Greenville, SC 29607
or fax to (866) 913-5806

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-808-4238 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs.gov.

If you believe that SCDHHS 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 the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are 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, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-5490820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1888-842-3620).

888-549-0820 مقرب لصتا.ناجمل اب كل رفاوتت ةيوغللا (مكبلوا مصلا فتاهمقر: 888-842-3620).

خدمات المساعدة

إن كنت تتحدث اللغة، فإن

إذا

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549- 0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

*A-1AM 繁體中文,您 7 以 It 費<得 a u *JR 務。 請致 11-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हद बोलते ह तो आपके □ ८लए म ु त म भाषा सहायता स ेवाएं उपल ध ह। **1-888-549-0820 (TTY: 1-888-842- 3620)** पर कॉल कर।

한국 oi 를 사용하 11 는 경우, tioi xl.spai 서비스를 무료로 이용하실 수 있습니다. 1-888-549- 0820 (TTY: 1-888-842-3620)VLI 으로 ,xj11-8H 주,A=I112.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS: 888-842-3620).

နမ့်ကတိ၊ ကညီ ကျိၵ်အယိ, နမၢန့် ကျိၵ်အတၢ်မၢစၢ၊လၢ တလၵ်ဘူၵ်လၢၵ်စ့၊ နီတမံ၊ဘၵ်သ့နၵ်လီ၊. ကိုး 1-888-549-0820 (TTY:1-888-842-3620)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-549- 0820 (ምስማት ለተሳናቸው: 1-888-842-3620).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ်ဆိုပါ။