



Fallon Senior Plan[™]
Addendum
Dental Services: Copayments and Fees

Effective January 1, 2019



Addendum Dental Services: Copayments

This addendum is part of your Fallon Senior Plan *Evidence of Coverage*.
Effective January 1, 2019

This addendum provides you with the copayments that you are responsible for when you get covered dental care from a plan dentist. For a list of plan dentists, see the Fallon Senior Plan *Provider Directory* or call Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.) You are responsible for one copayment per visit for any visit in which an exam, cleaning and X-rays (except full mouth series, vertical bitewings and panoramic) are performed. You are covered for two preventive visits per plan year.

ADA code	Description	Member pays
Diagnostic		
D0120	Periodic oral evaluation (<i>See Note A.</i>)	\$25
D0140	Limited oral evaluation (problem focused)	25
D0150	Comprehensive oral evaluation (<i>See Note A.</i>)	25
D0170	Re-evaluation (limited, problem focused, not post-op visit)	25
D0180	Comprehensive periodontal evaluation (<i>See Note A.</i>)	25
D0220	Intraoral (periapical, first radiographic image) (<i>See Note O.</i>)	25
D0230	Intraoral (periapical, each additional radiographic image) (<i>See Note O.</i>)	25
D0240	Intraoral (occlusal radiographic image)	25
D0270	Bitewing (single radiographic image) (<i>See Note I.</i>)	25
D0272	Bitewings (two radiographic images) (<i>See Note L.</i>)	25
D0273	Bitewings (three radiographic images) (<i>See Note H.</i>)	25
D0274	Bitewings (four radiographic images) (<i>See Note H.</i>)	25
D0460	Pulp vitality tests	25
D0470	Diagnostic casts	25
D0601	Caries risk assessment & documentation – with a finding of low risk (<i>See Note A.</i>)	25
D0602	Caries risk assessment & documentation – with a finding of medium risk (<i>See Note A.</i>)	25
D0603	Caries risk assessment & documentation – with a finding of high risk (<i>See Note A.</i>)	25
Preventive (cleanings)		
D1110	Dental prophylaxis – adult (<i>See Note A.</i>)	\$25
D1208	Topical application of fluoride, excluding varnish (<i>See Note A.</i>)	25
D1330	Oral hygiene instruction	25
D1354	Interim caries arresting medicament application – per tooth	25
D4921	Gingival irrigation, per quadrant	25
D9995	Teledentistry – synchronous; real-time encounter	25
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	25
Minor restorative (fillings)		
D2140	Amalgam (one surface) (<i>See Note E.</i>)	\$55
D2150	Amalgam (two surfaces) (<i>See Note E.</i>)	65
D2160	Amalgam (three surfaces) (<i>See Note E.</i>)	71
D2161	Amalgam (four or more surfaces) (<i>See Note E.</i>)	83
D2330	Resin (one surface, anterior) (<i>See Note E.</i>)	70
D2331	Resin (two surfaces, anterior) (<i>See Note E.</i>)	82
D2332	Resin (three surfaces, anterior) (<i>See Note E.</i>)	96
D2335	Resin (four or more surfaces or involving incisal angle, anterior) (<i>See Note E.</i>)	98

ADA code	Description	Member pays
Minor restorative (fillings), continued		
D2391	Resin-based composite (one surface, posterior) (See Note E.)	\$55
D2392	Resin-based composite (two surfaces, posterior) (See Note E.)	62
D2393	Resin-based composite (three surfaces, posterior) (See Note E.)	74
D2394	Resin-based composite (four or more surfaces, posterior) (See Note E.)	81

Procedures not shown are not covered by the plan.



Addendum Dental Services: Fees

This addendum is part of your *Evidence of Coverage*.
Effective January 1, 2019

You will be billed directly by the dentist for these services at the fee listed. These fees only apply when a general dentist performs the services. As a value-added service, when services are performed by a plan specialist (such as a periodontist, endodontist or prosthodontist) rather than a general dentist, you will receive a 20% discount off the specialist's customary fee. Refer to the Fallon Senior Plan *Provider Directory* for a list of plan dentists, or call Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.)

ADA code	Description	Member pays
Diagnostic (X-rays)		
D0210	Intraoral (complete series, including bitewings) (See Note F.)	\$40
D0277	Vertical bitewings (Seven to eight radiographic images) (See Note F.)	20
D0330	Panoramic radiographic image (See Note F.)	40
Preventive		
D1510	Space maintainer – fixed unilateral	\$145
D1520	Space maintainer – removable unilateral	197
D1550	Recementation of space maintainer	29
D1555	Removal of fixed space maintainer	29
Major restorative (crowns)		
D2510	Inlay – metallic, one surface (See Note G.)	\$466
D2520	Inlay – metallic, two surfaces (See Note G.)	527
D2530	Inlay – metallic, three or more surfaces (See Note G.)	626
D2542	Onlay – metallic, two surfaces (See Note G.)	662
D2543	Onlay – metallic, three surfaces (See Note G.)	735
D2544	Onlay – metallic, four or more surfaces (See Note G.)	798
D2610	Inlay – porcelain/ceramic, one surface (See Note G.)	580
D2620	Inlay – porcelain/ceramic, two surfaces (See Note G.)	585
D2630	Inlay – porcelain/ceramic, three or more surfaces (See Note G.)	666
D2642	Onlay – porcelain/ceramic, two surfaces (See Note G.)	536
D2643	Onlay – porcelain/ceramic, three surfaces (See Note G.)	595
D2644	Onlay – porcelain/ceramic, four or more surfaces (See Note G.)	646
D2650	Inlay – composite/resin, one surface (See Note G.)	287
D2651	Inlay – composite/resin, two surfaces (See Note G.)	772
D2652	Inlay – composite/resin, three or more surfaces (See Note G.)	772
D2710	Crown – resin (laboratory) (See Note G.)	287
D2712	Crown – ¾ resin based composite (indirect) (See Note G.)	287
D2740	Crown – porcelain/ceramic (See Note G.)	793
D2750	Crown – porcelain fused to high noble metal (See Note G.)	830
D2751	Crown – porcelain fused to predominantly base metal (See Note G.)	735
D2752	Crown – porcelain fused to noble metal (See Note G.)	785
D2780	Crown – ¾ cast high noble metal (See Note G.)	759
D2781	Crown – ¾ cast base metal (See Note G.)	679
D2782	Crown – ¾ cast noble metal (See Note G.)	713
D2783	Crown – ¾ cast porcelain/ceramic (See Note G.)	793

ADA code	Description	Member pays
Major restorative (crowns), continued		
D2790	Crown – full cast high noble metal (See Note G.)	\$759
D2791	Crown – full cast predominantly base metal (See Note G.)	679
D2792	Crown – full cast noble metal (See Note G.)	713
D2794	Crown – titanium (See Note G.)	759
D2910	Recement inlay	55
D2915	Recement cast (prefabricated post and core)	55
D2920	Recement crown (See Note Q.)	53
D2930	Prefabricated stainless steel crown – primary tooth (See Note F.)	167
D2931	Prefabricated stainless steel crown – permanent tooth (See Note G.)	173
D2932	Prefabricated resin crown (See Note F.)	167
D2933	Prefabricated stainless steel crown (See Note F.)	176
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth (See Note F.)	167
D2940	Sedative filling	57
D2941	Interim therapeutic restoration – primary dentition	57
D2950	Core buildup, with pins	167
D2951	Pin retention – per tooth, in addition to restoration	31
D2952	Cast post and core in addition to crown	227
D2954	Prefab post and core in addition to crown	220
D2980	Crown repair necessitated by restorative material failure	133
D2981	Inlay repair necessitated by restorative material failure	133
D2982	Onlay repair necessitated by restorative material failure	133
Endodontics (root canals)		
D3110	Pulp cap – direct (excluding final restoration)	\$40
D3120	Pulp cap – indirect (excluding final restoration)	34
D3220	Therapeutic pulpotomy (excluding final restoration)	107
D3310	Root canal therapy – anterior (excluding final restoration) (See Note J.)	460
D3320	Root canal therapy – premolar (excluding final restoration) (See Note J.)	546
D3330	Root canal therapy – molar (excluding final restoration) (See Note J.)	838
D3346	Retreatment of previous root canal therapy – anterior	542
D3347	Retreatment of previous root canal therapy – bicuspid	644
D3348	Retreatment of previous root canal therapy – molar	990
D3351	Apexification/recalcification, initial visit	213
D3352	Apexification/recalcification, interim medication replacement	155
D3353	Apexification/recalcification, final visit	213
D3355	Pulpal regeneration – initial visit	213
D3356	Pulpal regeneration – interim medication replacement	155
D3357	Pulpal regeneration – completion of treatment	213
D3410	Apicoectomy – anterior	593
D3421	Apicoectomy – premolar (first root)	652
D3425	Apicoectomy – molar (first root)	733
D3426	Apicoectomy – each additional root	233
D3427	Periradicular surgery without apicoectomy	233
D3430	Retrograde filling – per root	194
D3450	Root amputation – per root	373
D3920	Hemisection with root removal, without root canal therapy	340
Periodontics (treatment of gum disease)		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth per quadrant (See Note F.)	\$480
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth per quadrant (See Note F.)	154
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant (See Note F.)	858

ADA code	Description	Member pays
Periodontics (treatment of gum disease), continued		
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant (See Note F.)	\$240
D4240	Gingival flap procedure, including root planing – per quadrant (See Note F.)	585
D4241	Gingival flap procedure, including root planing – one to three teeth per quadrant (See Note F.)	293
D4245	Apically positioned flap (See Note F.)	585
D4249	Clinical crown lengthening – hard tissue (See Note G.)	660
D4260	Osseous surgery (including flap entry and closure) – per quadrant (See Note F.)	953
D4261	Osseous surgery (including flap entry and closure) – one to three teeth per quadrant (See Note F.)	476
D4263	Bone replacement graft – first site in quadrant (See Note F.)	426
D4264	Bone replacement graft – each additional site in quadrant (See Note F.)	606
D4265	Biological material – tissue regeneration per site (See Note F.)	213
D4266	Guided tissue regeneration – resorbable barrier, per site (See Note F.)	546
D4267	Guided tissue regeneration – nonresorbable barrier, per site (See Note F.)	667
D4270	Pedicle soft tissue graft procedure per quadrant (See Note F.)	639
D4273	Subepithelial tissue graft procedure (including donor site surgery) per quadrant (See Note F.)	746
D4275	Soft tissue allograft per quadrant (See Note F.)	746
D4276	Combined connective tissue and double pedicle graft, per tooth (See Note F.)	746
D4283	Autogenous connective tissue graft procedure, each additional tooth (See Note F.)	746
D4285	Non-autogenous connective tissue graft procedure, each additional tooth (See Note F.)	746
D4320	Provisional splinting – intracoronal (See Note F.)	133
D4321	Provisional splinting – extracoronal (See Note F.)	133
D4341	Periodontal scaling and root planing, per quadrant (See Note D.)	160
D4342	Periodontal scaling and root planing, one to three teeth per quadrant (See Note D.)	80
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (See Note C.)	107
D4910	Periodontal maintenance after active therapy (See Note N.)	107
Prosthetics/removable (dentures)		
D5110	Complete denture – upper (See Note G.)	\$795
D5120	Complete denture – lower (See Note G.)	795
D5130	Immediate denture – upper (See Note G.)	865
D5140	Immediate denture – lower (See Note G.)	865
D5211	Maxillary partial denture – resin base including retentive clasping materials, rests and teeth (See Note G.)	660
D5212	Mandibular partial denture – resin base including retentive clasping materials, rests and teeth (See Note G.)	660
D5213	Upper partial denture – metal framework with resin base including clasps (See Note G.)	823
D5214	Lower partial denture – metal framework with resin base including clasps (See Note G.)	823
D5221	Immediate maxillary partial denture – resin base (See Note G.)	290
D5222	Immediate mandibular partial denture – resin base (See Note G.)	290
D5223	Immediate maxillary partial denture – case metal framework with resin denture bases (See Note G.)	290
D5224	Immediate mandibular partial denture – case metal framework with resin denture bases (See Note G.)	290
D5225	Maxillary partial denture/flexible base (including any clasps, rests and teeth) (See Note G.)	823
D5226	Mandibular partial denture/flexible base (including any clasps, rests and teeth) (See Note G.)	823
D5282	Removable unilateral partial denture – one piece cast metal including clasps and teeth – maxillary (See Note G.)	442
D5283	Removal unilateral partial denture – one piece cast metal including clasps and teeth – mandibular (See Note G.)	442
D5410	Adjust complete denture (upper) (See Note B.)	37

ADA code	Description	Member pays
Prosthetics/removable (dentures) continued		
D5411	Adjust complete denture (lower) (See Note B.)	\$37
D5421	Adjust partial denture (upper) (See Note B.)	37
D5422	Adjust partial denture (lower) (See Note B.)	37
D5511	Repair broken complete denture base – mandibular (See Note K.)	37
D5512	Repair broken complete denture base – maxillary (See Note K.)	37
D5520	Replace missing or broken tooth – complete denture, each tooth (See Note K.)	69
D5611	Repair resin partial denture base – mandibular (See Note K.)	37
D5612	Repair resin partial denture base – maxillary (See Note K.)	37
D5621	Repair cast partial framework – mandibular (See Note K.)	37
D5622	Repair cast partial framework – maxillary (See Note K.)	37
D5630	Repair or replace broken retentive/clasping materials – per tooth (See Note K.)	91
D5640	Replace broken teeth – per tooth (See Note K.)	70
D5650	Add tooth to existing partial denture (See Note K.)	88
D5660	Add clasp to existing partial denture (See Note K.)	109
D5670	Replace all teeth maxillary (See Note C.)	396
D5671	Replace all teeth mandibular (See Note C.)	396
D5710	Rebase complete denture (upper) (See Note C.)	278
D5711	Rebase complete denture (lower) (See Note C.)	278
D5720	Rebase partial denture (upper) (See Note C.)	278
D5721	Rebase partial denture (lower) (See Note C.)	278
D5730	Reline complete denture – chairside (upper) (See Note C.)	164
D5731	Reline complete denture – chairside (lower) (See Note C.)	164
D5740	Reline partial denture – chairside (upper) (See Note C.)	164
D5741	Reline partial denture – chairside (lower) (See Note C.)	164
D5750	Reline complete denture – laboratory (upper) (See Note C.)	224
D5751	Reline complete denture – laboratory (lower) (See Note C.)	224
D5760	Reline partial denture – laboratory (upper) (See Note C.)	224
D5761	Reline partial denture – laboratory (lower) (See Note C.)	224
D5820	Interim partial denture (upper) (See Note G.)	290
D5821	Interim partial denture (lower) (See Note G.)	290
D5850	Tissue conditioning, (upper) (See Note C.)	84
D5851	Tissue conditioning, (lower) (See Note C.)	79
D5863	Overdenture – complete maxillary (See Note G.)	795
D5864	Overdenture – partial maxillary (See Note G.)	795
D5865	Overdenture – complete mandibular (See Note G.)	823
D5866	Overdenture – partial mandibular (See Note G.)	823
D5876	Add metal substructure to acrylic full denture – per arch (See Note C.)	278
Prosthetics/fixed (bridges)		
D6205	Pontic – indirect resin based composite (See Note G.)	\$287
D6210	Pontic – cast high noble metal (See Note G.)	746
D6211	Pontic – cast predominantly base metal (See Note G.)	686
D6212	Pontic – cast noble metal (See Note G.)	660
D6214	Pontic – titanium (See Note G.)	746
D6240	Pontic – porcelain fused to high noble metal (See Note G.)	752
D6241	Pontic – porcelain fused to predominantly base metal (See Note G.)	660
D6242	Pontic – porcelain fused to noble metal (See Note G.)	718
D6245	Pontic – porcelain/ceramic (See Note G.)	752
D6545	Retainer – cast metal for resin bonded fixed prosthesis (See Note G.)	279
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis (See Note G.)	279
D6549	Resin retainer – for resin bonded fixed prosthesis (See Note G.)	279
D6600	Inlay – porcelain/ceramic – two surfaces (See Note G.)	713
D6601	Inlay – porcelain/ceramic – three or more surfaces (See Note G.)	787
D6602	Inlay – cast high noble metal – two surfaces (See Note G.)	580

ADA code	Description	Member pays
Prosthetics/fixed (bridges) continued		
D6603	Inlay – cast high noble metal – three or more surfaces (See Note G.)	\$689
D6604	Inlay – cast predominantly base metal – two surfaces (See Note G.)	580
D6605	Inlay – cast predominantly base metal – three or more surfaces (See Note G.)	595
D6606	Inlay – cast noble metal – two surfaces (See Note G.)	527
D6607	Inlay – cast noble metal – three or more surfaces (See Note G.)	626
D6608	Onlay – porcelain/ceramic – two surfaces (See Note G.)	713
D6609	Onlay – porcelain/ceramic – three or more surfaces (See Note G.)	787
D6610	Onlay – cast high noble metal – two surfaces (See Note G.)	787
D6611	Onlay – cast high noble metal – three or more surfaces (See Note G.)	860
D6612	Onlay – cast predominantly base metal – two surfaces (See Note G.)	677
D6613	Onlay – cast predominantly base metal – three or more surfaces (See Note G.)	749
D6614	Onlay – cast noble metal – two surfaces (See Note G.)	713
D6615	Onlay – cast noble metal – three or more surfaces (See Note G.)	787
D6624	Inlay – titanium (See Note G.)	689
D6634	Onlay – titanium (See Note G.)	860
D6710	Crown – indirect resin based composite (See Note G.)	287
D6740	Crown – porcelain/ceramic (See Note G.)	772
D6750	Crown – porcelain fused to high noble metal (See Note G.)	772
D6751	Crown – porcelain fused to predominantly base metal (See Note G.)	686
D6752	Crown – porcelain fused to noble metal (See Note G.)	733
D6780	Crown – $\frac{3}{4}$ cast high noble metal (See Note G.)	705
D6781	Crown – $\frac{3}{4}$ cast base metal (See Note G.)	686
D6782	Crown – $\frac{3}{4}$ cast noble metal (See Note G.)	733
D6783	Crown – $\frac{3}{4}$ porcelain/ceramic (See Note G.)	772
D6790	Crown – full cast high noble metal (See Note G.)	759
D6791	Crown – full cast predominantly base metal (See Note G.)	679
D6792	Crown – full cast noble metal (See Note G.)	713
D6794	Crown – titanium (See Note G.)	759
D6930	Recement fixed partial denture (See Note G.)	76
Oral surgery (extractions)		
D7111	Extraction, coronal remnants – primary tooth (See Note J.)	\$42
D7140	Extraction of erupted tooth or exposed root (See Note J.)	84
D7210	Surgical removal of erupted tooth (See Note J.)	194
D7250	Surgical removal of residual tooth roots (cutting procedure) (See Note J.)	213
D7260	Oroantral fistula closure	506
D7261	Primary closure of a sinus perforation	506
D7270	Tooth reimplantation, per site (See Note J.)	287
D7291	Transseptal fiberotomy	61
D7310	Alveoloplasty in conjunction with extractions – four or more teeth per quadrant	154
D7311	Alveoloplasty in conjunction with extractions – one to three teeth per quadrant	77
D7320	Alveoloplasty no extractions – four or more teeth per quadrant	306
D7321	Alveoloplasty no extractions – one to three teeth per quadrant	153
D7471	Removal exostosis – per site	233
D7472	Removal of torus palatinus	233
D7473	Removal of torus mandibularis	233
D7485	Surgical reduction of osseous tuberosity	233
D7881	Occlusal orthotic device adjustment	37
D7910	Suture simple wounds up to 5 cm	75
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	287
D7963	Frenuloplasty	287
D7970	Excision of hyperplastic tissue – per arch (See Note F.)	261
D7971	Excision of pericoronal gingiva (See Note F.)	120
D7972	Surgical reduction of fibrous tuberosity	261

ADA code	Description	Member pays
Additional procedures		
D0999	Sterilization surcharge (See Note P.)	\$6
D9110	Palliative treatment of dental pain (See Note M.)	53
D9120	Fixed partial denture sectioning	107
D9210	Local anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	157
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	157
D9230	Analgesia	39
D9910	Application of desensitizing medicament	28
D9911	Application of desensitizing resin, per tooth	10
D9920	Behavioral management – per visit	53
D9942	Repair and realign occlusal guard (See Note G.)	110
D9943	Occlusal adjustment	37
D9944	Occlusal guard – hard appliance, full arch (See Note G.)	366
D9945	Occlusal guard – soft appliance, full arch (See Note G.)	366
D9946	Occlusal guard – hard appliance, partial arch (See Note G.)	183
D9951	Occlusal adjustment – limited	67
D9952	Occlusal adjustment – complete	287
D9999	Broken appointment fee – per 30 minutes	19

Notes

- A. Service is limited to two (2) preventive visits per plan year. A preventive visit includes an exam, cleaning, fluoride application and X-rays (except full mouth series, vertical bitewings and panoramic).
- B. Service is limited to one (1) per floating six (6) months.
- C. Service is limited to one (1) per floating twelve (12) months.
- D. Service is limited to one (1) per floating twenty-four (24) months.
- E. Service is limited to one (1) per floating thirty-six (36) months, when rendered on the same tooth.
- F. Service is limited to one (1) per floating thirty-six (36) months.
- G. Service is limited to one (1) per floating sixty (60) months.
- H. Service is limited to one (1) per plan year.
- I. Service is limited to four (4) per plan year.
- J. Service is limited to one (1) tooth per lifetime.
- K. Service is limited to three (3) per floating sixty (60) months.
- L. Service is limited to two (2) per plan year.
- M. Palliative care (D9110) is covered as a separate benefit if no other service, other than the exam and x-rays, was performed on the tooth during the visit.
- N. Service is limited to two (2) per floating twelve (12) months following periodontal therapy.
- O. Service is limited to eight (8) per calendar year.
- P. The sterilization surcharge may not be charged for any visit in which the preventive office visit copayment applies.
- Q. Service is limited to two (2) per floating twelve (12) months.

Fallon Senior Plan will not cover non-covered dental services, cosmetic procedures, and services in which it was determined the member was not eligible under the plan benefits. If you have any questions, please contact Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.)

Procedures not shown are not covered by the plan.

Fallon Health is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal.

Notice of nondiscrimination

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

Fallon 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, contact Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health 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:

Compliance Director

Fallon Health

10 Chestnut St.

Worcester, MA 01608

Phone: 1-508-368-9988 (TRS 711)

Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director 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 <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

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-325-5669 (TTY: TRS 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-325-5669 (TTY: TRS 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-325-5669 (TTY: TRS 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-325-5669 (TTY: TRS 711)。

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-325-5669 (TTY: TRS 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-325-5669 (TTY: TRS 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-325-5669 (телетайп: TRS 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-325-5669 (رقم هاتف الصم والبكم: TRS 711).

Khmer/Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-325-5669 (TTY: TRS 711)។

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-325-5669 (ATS : TRS 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-325-5669 (TTY: TRS 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-325-5669 (TTY: TRS 711)번으로 전화해 주십시오.

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-325-5669 (TTY: TRS 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-325-5669 (TTY: TRS 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-325-5669 (TTY: TRS 711) पर कॉल करें।

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-325-5669 (TTY: TRS 711).