



Letter Date: [REDACTED]
Case Number: [REDACTED]



News for your household

Our records show that you applied for health coverage from Virginia Medicaid on [REDACTED]. This letter tells you more about the determination and how it was made. It has information about the household's health coverage choices and what to do next. It also explains what to do if you think we made a mistake.

Medicaid Decision Summary for Your Household

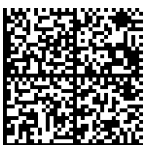
Household Member Name	Decision	Coverage	Effective Date(s)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

To learn more about how we made our decision for each person, read the rest of this letter.

Update for [REDACTED]

Client ID: [REDACTED]

You qualify for health coverage from Virginia Medicaid.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



Health Coverage Information for [REDACTED]:

Medicaid ID Number

Coverage

Effective Date

[REDACTED]

[REDACTED]

[REDACTED]

Medicaid Card: Most Medicaid enrollees receive a Medicaid card. If you do not already have a card with the Medicaid ID above, and do not receive a card in the mail in 10 business days, please call **1-855-242-8282**. *Some people in limited coverage Medicaid do not receive a card.* Your Medicaid health coverage can be used right away by giving your provider the Medicaid ID number listed above.

Health Coverage must be renewed every year. The next renewal is due [REDACTED]. We will send more information when it is time to renew.

Using your health coverage

Medicaid health coverage can be used right away. Services can be received from any doctor, clinic, or other health care provider who accepts Medicaid. To find a provider, call **1-855-242-8282** or visit **www.viriniamedicaid.dmas.virginia.gov** and select "Search for Providers" under the "Provider Resources" menu. Most people get their health coverage through a health plan. If this individual needs to join a plan, we will send information about choosing a health plan. If you had any medical services since your coverage started, make sure to give the provider(s) your Medicaid ID number.

Health services and costs

[REDACTED] qualifies for full coverage Medicaid. This covers services like doctor visits, hospital care, prescriptions and more.

There is no premium (a monthly cost) for Medicaid health coverage. There may be co-payments for some services. To learn more, see the Member Handbook at <https://www.coverva.org/handbooks/>. To get a paper copy of the Handbook, call us at **(434) 970-3400**.

How we made our Medicaid decision

Medicaid has rules and income limits for how people can qualify for health coverage depending on things like age, pregnancy and parenting status, and disability. We counted the household size and income and reviewed the information given to us on the application or available in other data sources. Since the household's monthly income is below the Medicaid income limit, this individual qualifies for Medicaid health coverage. To learn more about Medicaid rules and income limits, go to **www.coverva.org**. We made our decisions based on these rules: Virginia Medical Assistance Manual Reference M0130.300. If your information has changed since you applied or you think we made a mistake call us. You can also file an appeal. For more information on how to file an appeal see the page titled "If you think we made a mistake."

Medicaid may pay past bills, even if you already paid them yourself. If you were not evaluated for health coverage for the three months prior to your application month and you had medical expenses, contact us at [REDACTED].



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Update for [REDACTED]

Client ID: [REDACTED]

You qualify for health coverage from Virginia Medicaid.

Health Coverage Information for Sara Smith:

Medicaid ID Number

Coverage

Effective Date

[REDACTED]

[REDACTED]

[REDACTED]

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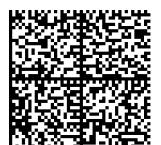
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Case #: [REDACTED]

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Correspondence #: [REDACTED]



Your household must report changes

You must report any changes that might affect health coverage for anyone in your household who was approved health coverage from Virginia Medicaid. Please report changes for both you and other people in your household within ten days of the change, such as:

- » If someone moves
- » If someone's income changes
- » If your household changes. For example, if someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes: go to **CommonHelp.Virginia.gov** and click on "Report My Changes," call **1-855-242-8282 (TTY: 1-888-221-1590)** or call us at **(434) 970-3400**.

Your CommonHelp Account

CommonHelp.Virginia.gov keeps all important information about your family's application and health coverage. You can choose to get letters like this online. Your CommonHelp account is secure.

To create an account, go to **CommonHelp.Virginia.gov** and click "Check My Benefits." To link your case to your CommonHelp account using the information below, log in and select "Manage My Account."

Case Number: [REDACTED]
Client ID: [REDACTED]

Information about other programs

You and others in your household may qualify for other assistance, like help buying food or paying heating and cooling bills. If you already applied for other assistance, information about those programs may come in a separate letter.

To learn more, go to **CommonHelp.Virginia.gov** or call **1-855 635-4370 (TTY: 1-800-828-1120)**

Worker Name: [REDACTED]	Telephone Number: [REDACTED]	For Free Legal Advice Call: [REDACTED]
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Additional Information from Your Case Worker:



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



If You Think We Made a Mistake

You can appeal our decisions about Medicaid health coverage. Appeals are handled by the Department of Medical Assistance Services (DMAS).

If you have an urgent health care need, you can ask DMAS for an expedited (faster) appeal to get a decision on your appeal sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

If your benefits are being stopped or reduced in this notice, you may ask to have your coverage continued during your appeal. In order to continue your coverage, you must file your appeal before the date that your coverage ends or within 10 days of the date on this letter. Not every case qualifies for continued coverage. You may have to pay back Medicaid for the coverage you received if you lose your appeal.

Ways to ask for an appeal:

1. **Electronically.** Online at <https://vamedicaid.dmas.virginia.gov/> or email to appeals@dmas.virginia.gov
2. **By fax.** Fax your appeal request to DMAS at **(804) 452-5454**
3. **By mail or in person.** Send or bring your appeal request to Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219
4. **By phone.** Call DMAS at **(804) 371-8488 (TTY: 1-800-828-1120)**

To help you, an appeal request form is available from DMAS at www.dmas.virginia.gov/#/appealsresources. You can also write your own letter. Include a full copy of this notice when you file your appeal. Also include any documents you would like DMAS to review during your appeal. **Your deadline to ask for an appeal with DMAS is [REDACTED]**

Once you ask for an appeal, DMAS will schedule a hearing if you qualify for one. A hearing is a meeting between you, someone from the Medicaid program, and a DMAS hearing officer. Before the hearing, we will send you a copy of the information that will be used at the hearing. This is called the appeal summary. You also have the right to ask us for a full copy of your file from your local Department of Social Services. You can ask someone to represent you at any point during the appeal process, as long as you let DMAS know about your decision in writing. At the hearing, you can explain why you think we made a mistake. DMAS decides non-expedited appeals within 90 days or sooner of your request.

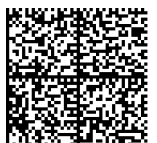
To get ready for your hearing, you can:

- Review the appeal summary before the hearing.
- Bring someone with you to the hearing, like a friend, relative, lawyer, or come alone.
- Bring information or witnesses to show where you think we made a mistake.

If you have any questions, call the Appeals Division of DMAS at **(804) 371-8488 (TTY: 1-800-828-1120)**. Call the free Legal Aid Helpline at **1-866-534-5243** or visit www.valegalaid.org to learn more about getting free legal advice or to ask someone to represent you in your appeal case.



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It is important we treat you fairly.

We will keep your information secure and private.

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

This agency provides free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call us at **(804) 786-7933 (TTY: 1-800-343-0634)**. This agency also provides 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, call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.

If you believe that this agency 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 in person, by mail, or by phone at: Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219, Telephone: **(804) 786-7933 (TTY: 1-800-343-0634)**.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically 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; **1-800-368-1019 (TTY 800-537-7697)**. Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.



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Information on Advance Health Care Directive

All adults have a right to prepare a document called an "Advance Health Care Directive." An Advance Health Care Directive lets other people know the types of medical care you do and do not want in the event you cannot express your wishes on your own.

An Advance Health Care Directive can authorize another person, such as a spouse, child, or friend, to be your "agent" or "proxy." That person can make decisions for you if you become unable to make informed decisions about your health care. You can tell that person exactly what kind of health care you do and do not want. In legal terms this is often called a "Power of Attorney for Health Care."

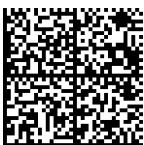
Many people have an Advance Health Care Directive as a part of their medical record. It can have information like:

- What type of health care a person authorizes
- What type of health care a person does not authorize
- Who a person would like to make health care decisions on their behalf
- If the person would like to be an organ donor

An adult who can make a decision for themselves and who has been told by a doctor that they are terminally ill, can make an oral (spoken) advance health care directive which can give information like:

- What type of health care a person authorizes
- Why type of health care a person does not authorize
- Who a person would like to make health care decisions on their behalf

The Commonwealth of Virginia has a statewide Advance Health Care Directive Registry that provides a free and safe place to store this kind of document. The documents you can store here can protect your legal rights and make sure your medical wishes are honored if you cannot speak for yourself. You should share this information with each of your health care providers. If you would like to learn more visit the: <https://www.connectvirginia.org/adr/>.

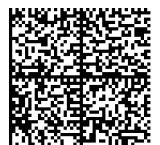


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English: Get help in your language

This Notice has important information about your benefits or application for health coverage from Virginia Medicaid. Look for important dates. You might need to take action by certain dates to keep your benefits. You have the right to get this letter for free in your language, in large print, or in another way that is best for you. Call us at 1-855-242-8282 (TTY: 1-888-221-1590).

Spanish: Obtenga ayuda en su idioma

Este aviso tiene información importante de Virginia Medicaid sobre sus beneficios o solicitud de cobertura de salud. Busque fechas importantes. Puede que necesite hacer algo antes de ciertas fechas para conservar sus beneficios. Tiene derecho a obtener esta carta en su idioma, con letra grande, o de cualquier otra manera que sea mejor para usted, de manera gratuita. Llámenos al 1-855-242-8282 (telefonía de texto [TTY]: 1-888-221-1590).

Korean: 본인의 언어로 도움을 받으세요.

이 통지서에는 버지니아 메디케이드의 의료 보험 혜택 또는 의료 보험 신청에 대한 중요한 정보가 들어 있습니다. 이에 대한 중요한 마감일도 공지하고 있습니다. 혜택을 받으려면 마감일까지 조치를 취하셔야 합니다. 이 통지서는 본인이 사용하는 언어로 또는 큰 글자로 인쇄된 서신으로 또는 본인에게 최선이 될 수 있는 방법으로 무료로 받을 수 있는 권리가 있습니다. 저희에게 문의해 주십시오. 문의처 1-855-242-8282 (TTY: 1-888-221-1590)로 전화하십시오.

Vietnamese: Nhận giúp đỡ bằng ngôn ngữ của quý vị

Thông báo này có thông tin quan trọng về cách quý vị nhận phúc lợi hoặc cách nộp đơn nhận bảo hiểm y tế thuộc chương trình Medicaid của tiểu bang Virginia. Hãy chú ý đến những ngày quan trọng. Quý vị có thể phải hành động trước một số ngày trong Thông báo này để tiếp tục nhận phúc lợi. Quý vị có quyền nhận thư này miễn phí bằng tiếng Việt, bằng chữ khổ lớn hoặc theo cách nào phù hợp nhất với quý vị. Xin gọi cho chúng tôi theo số 1-855-242-8282 (máy TTY: 1-888-221-1590).

Chinese (Traditional): 用您使用的語言獲得幫助

本通知包含有關您的Virginia Medicaid福利或醫療承保申請的重要資訊。請查看重要的日期。您可能需要在某些日期之前採取行動，才能保持您的福利。您有權免費用您使用的語言、大印刷體或其他最適合您的方式收到本信函。請電洽 1-855-242-8282 (TTY: 1-888-221-1590) 。

Arabic: احصل على المساعدة بلغتك

يتضمن هذا الإخطار معلومات مهمة عن المزايا التي سوف تحصل عليها -أو عند التقدم للحصول عليها- من التأمين الصحي المقدم من فيرجينيا ميديكايد Virginia Medicaid. ابحث عن التواريخ المهمة. قد يتعين عليك القيام بإجراءات بحلول تواريخ محددة للاحتفاظ بمزاياك. يحق لك الحصول على هذا الخطاب مجاناً بلغتك، مطبوعاً بطباعة كبيرة، أو بأفضل طريقة تراها. اتصل بنا على رقم 1-855-242-8282 (TTY: 1-888-221-1590).

Urdu: اپنی زبان میں مدد حاصل کریں

اس نوٹس میں آپ کے بینیفٹس یا Virginia Medicaid سے صحت کے کوریج کے لیے درخواست کے بارے میں اہم معلومات ہیں۔ اہم تاریخوں پر نظر رکھیں۔ آپ کو اپنے بینیفٹس برقرار رکھنے کے لیے مخصوص تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ آپ کو یہ خط اپنی زبان میں، بڑے حروف میں، یا کسی دوسرے طریقے سے جو آپ کے لیے بہترین ہو، مفت حاصل کرنے کا حق ہے۔ ہمیں 1-855-242-8282 (ٹی ٹی وائی: 1-888-221-1590) پر کال کریں۔

Hindi: अपनी भाषा में मदद लें

इस नोटिस में Virginia Medicaid से प्राप्त होने वाले आपके लाभों या हेल्थ कवरेज हेतु आवेदन के बारे में महत्वपूर्ण जानकारी दी गयी है। महत्वपूर्ण तारीखें देखें। आपको अपने लाभों को बनाये रखने के लिए निश्चित तारीखों तक कार्यवाही करने की आवश्यकता हो सकती है। आपको इस पत्र को अपनी भाषा में, बड़े प्रिंट में, या ऐसे किसी अन्य ढंग में जो आपके लिए सबसे अच्छा हो, नि:शुल्क प्राप्त करने का अधिकार है। हमें 1-855-242-8282 (TTY: 1-888-221-1590) पर फोन करें।

Farsi: دریافت کمک به زبان خود

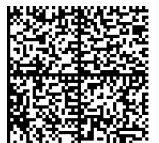
این اطلاعیه حاوی اطلاعات و مطالب مهمی درباره مزایا یا درخواست شما برای پوشش بهداشتی و درمانی از Virginia Medicaid می باشد. به تاریخهای مهم توجه داشته باشید. شاید لازم باشد برای حفظ مزایا در تاریخهای مشخصی اقداماتی بعمل آورید. شما حق دارید این نامه را به رایگان به زبان خود، با حروف چاپی درشت یا هر روش دیگری که برایتان مناسب است دریافت کنید. لطفاً با ما در شماره 1-855-242-8282 (TTY: 1-888-221-1590) تماس بگیرید.

Bengali: আপনার নজিরে ভাষায় সাহায্য পান

Virginia Medicaid এর স্বাস্থ্য বন্মা বিষয়ক আপনার সুযোগ-সুবিধা অথবা আবেদন সম্পর্কিত গুরুত্বপূর্ণ তথ্য এই নোটিশে আছে। গুরুত্বপূর্ণ তারিখগুলির অনুসন্ধান করুন। আপনার প্রাপ্য সুযোগ-সুবিধা চালু রাখতে হলে আপনাকে নির্দিষ্ট তারিখের মধ্যে পদক্ষেপে গ্রহণ করতে হতে পারে। আপনার অধিকার আছে। নজিরে ভাষায়, বড় অক্ষর ছাপা অথবা আপনার পক্ষয়ে সর্বশ্রেষ্ঠ এমন যেকোনো উপায়ে এই চিঠিটিকে বিনামূল্যে পাওয়ার। আমাদের টেলিফোন করুন এই নম্বরে: 1-855-242-8282 (TTY: 1-888-221-1590)।



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Tagalog: Tumanggap ng tulong sa inyong wika
 May mahalagang impormasyon ang patalastas na ito tungkol sa inyong mga benefit [kapakanan] o paghiling na masakop ng segurong pangkalusugan ng Virginia Medicaid. Tignan ang mga mahahalagang petsa. Maaaring dapat kumilos kayo sa ilan mga petsa upang mapanatili ang inyong mga benefit. May karapatan kayong matanggap ang sulat na ito sa inyong wika. malaking mga letra, o sa anumang paraan na pinakamahusay sa inyo. Tawagan kami sa 1-855-242-8282 (TTY: 1-888-221-1590).

Amharic: በቋንቋዎ እርዳታ ያግኙ
 ይህ ማስታወቂያ ከቨርጂንያ ሜዲኬይድ የሚያገኙትን ጥቅሞችዎን ወይም የጤና ሽፋን ማመልከቻን አስመልክቶ አስፈላጊ መረጃ ያዘለ ነው። አስፈላጊ ቀናትን ይመልከቱ። ጥቅሞችዎ እንዲቋረጡብዎት በተወሰኑ ቀናት ውስጥ እርምጃዎችን መውሰድ ሊያስፈልግዎ ይችላል። ይህን ደብዳቤ፣ በነጻ፣ በቋንቋዎ፣ ተለቅ ባሉ ፊደሎች ታትሞ፣ ወይም ለእርስዎ በሚያመቹ በሌላ መንገዶች የማግኘት መብት አልዎት። ወደኛ በ 1-855-242-8282 (TTY: 1-888-221-1590) መደወል ይችላሉ።

French: Obtenez de l'aide dans votre langue
 Cet avis contient des informations importantes sur vos prestations ou votre demande d'assurance-maladie auprès de Virginia Medicaid. Recherchez les dates importantes. Vous devrez peut-être prendre des mesures avant certaines dates pour conserver vos prestations. Vous avez le droit d'obtenir cette lettre gratuitement dans votre langue, en gros caractères ou de la manière qui vous convient le mieux. Appelez-nous au 1-855-242-8282 (ATS: 1-888-221-1590).

Russian: Получите помощь на вашем языке
 В этом уведомлении содержится важная информация о ваших льготах или заявке на медицинское страховое покрытие Medicaid штата Вирджиния. Обратите внимание на важные даты. От вас может требоваться выполнение тех или иных действий в определенные сроки для сохранения ваших льгот. Вы имеете право на бесплатное получение этого письма на вашем языке, крупным шрифтом или в другом удобном для вас формате. Позвоните нам по номеру 1-855-242-8282 (TTY: 1-888-221-1590).

German: Holen Sie sich Hilfe in Ihrer Sprache
 Diese Mitteilung enthält wichtige Informationen zu Ihren Krankenversicherungsleistungen oder zu Ihrem Antrag auf Krankenversicherung von Virginia Medicaid. Achten Sie auf wichtige Daten. Sie müssen möglicherweise zu bestimmten Terminen Maßnahmen ergreifen, um Ihre Leistungen weiterhin zu erhalten. Sie haben das Recht, diesen Brief kostenlos in Ihrer Sprache, in Großdruck oder auf eine andere Weise zu erhalten, die für Sie am besten ist. Rufen Sie uns bitte an unter 1-855-242-8282 (TTY: 1-888-221-1590).

Bassa: M̄ b̄èin gbo-kpá-kpá b̄é dyéé dé wuḍu ṁ poeé mú
 Cée-dè n̄à ke bédé b̄ǎ kpa d̄e b̄é bó wé b̄é k̄ǎ baḍa ṁ b̄èin gbo-kpá-kpá b̄é dyéé ɔ j̄ú k̄é ṁ d̄yi gbo-kpá-kpá zò bó n̄i kpódó-d̄yùàò d̄yi káná j̄è s̄òin dé n̄yo Kūūn j̄è gbo-kpáin-naín n̄à dé V̄j̄ínìà kee ní. Dè wé kpa d̄e b̄é k̄ǎ mú ṁ b̄èin gbo-kpá-kpá b̄é n̄à ke dyéé kee j̄è dyédé gbo. M̄ k̄ǎ b̄é ṁ k̄é gbo-kpá-kpá n̄à ke zò bó wé j̄éé b̄é baḍa, b̄é ṁ k̄é n̄i gbo-kpá-kpá b̄èò dyé. M̄ b̄èin cée-dè n̄à ke dyéé pídyi dé wuḍu ṁ poeé mú dé cée-dè-d̄yèd̄è boo-boo mú, m̄ɔɔ dé h̄wiè k̄à kò d̄ò k̄ǎ mú ṁ mú b̄é wa k̄é n̄i cée-d̄èò cée kee mú. Dá à n̄iin dé n̄òbà n̄à ke k̄ǎ 1-855-242-8282 (TTY: 1-888-221-1590).

Ibo: Nweta enyemaka n'asusu gi
 Nkwuputa nke a nwere ozi di mkpa banyere uru ndi gi maobu aririo gi maka mkpuchi ahuike site na Virginia Medicaid. Choo maka deeti di mkpa. Aga-achoro ka ime ufodu ihe n'ufodu ubochi iji dowe uru gi gasi. I nwere ikike inweta akwukwo ozi nke a n'efu n'asusu gi, ebiputara n'iji nnukwu mkpuruedemede, maobu n'uzo ozọ kacha mma maka gi. Kpoo anyi na 1-855-242 8282 (TTY: 1-888-221-1590).

Yoruba: Gba iranlowo ni ede re
 Akiyesi yi ni iwifun-ni pataki nipa awon anfaani tabi iwe ibewẹ fun agbegbe ilera lati Virginia Medicaid. Wa awon ojo pataki. O se e se lati gbe igbesẹ ni awon ojo kan lati fi awon anfaani re pamọ. O ni eto lati gba leta yi ni ofe ni ede re, ni kikosile gadagba tabi ni onà miran ti o dara fun o. Pe wa ni 1-855-242-8282 (TTY: 1-888-221-1590).



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.

