



GUIDE TO HEALTH PROGRAMS

WHICH HEALTH PROGRAMS DO YOU QUALIFY FOR?

醫療計劃指南

您符合那些醫療計劃條件？



NORTH EAST
MEDICAL SERVICES

東北醫療中心

a california *health+*.center

NEMS MEMBER SERVICES

東北醫療中心會員服務部

North East Medical Services (NEMS) accepts many forms of public and private health insurance plans and special programs that can assist you with covering the cost of your health care. You may be eligible for one or more of the programs listed in this guide so it is important to understand what is available to help you.

Our Member Services Department is here to answer any questions you may have. We will assist you in patient registration, membership renewals, and enrollment into specially-funded health programs if you meet eligibility requirements.

Before you can take advantage of all the services NEMS has to offer, please contact our Member Services Department at (415) 391-9686 ext. 8160 or (650) 550-3923 ext. 8160 or (408) 573-9686 ext. 8160 to schedule an appointment to enroll as a NEMS member. Joining NEMS is FREE.

If you do not have insurance or do not qualify for special programs, and are on a limited income, you may qualify for our Sliding Fee Discount Program. No one is denied access to services due to inability to pay.

東北醫療中心接受多種私人或公共醫療保險及醫藥補助計劃。您可能有資格申請指南中列出的一個或多個醫療計劃，重要的是要了解哪些計劃適合您。

本中心的會員服務部可以解答您的問題。我們會幫助您辦理會員登記和續期手續。如果您符合資格，我們也可以幫助您申請加入特別的資助健康計劃。

在使用中心提供的服務前，請致電 **(415) 391-9686** 轉內線 **8160** 或 **(650) 550-3923** 轉內線 **8160** 或 **(408) 573-9686** 轉內線 **8160** 和會員服務部預約登記時間。登記加入東北醫療中心不需任何費用。

如果您沒有保險或不符合任何特別資助計劃，而且收入有限，您可能符合我們的減費優惠計劃。任何人仕不會因為沒有支付能力而被拒絕獲得服務。

MEDICARE

聯邦醫療保險計劃

Federal Health Insurance Program 聯邦醫療保險計劃

Eligibility:

Must be age 65 and older **and** be a U.S. citizen or legal resident residing in the U.S. for five (5) consecutive years. You may also qualify if you are younger than age 65 with disabilities or end stage renal disease. You or your spouse must also meet required work quarters in Medicare-covered employment. If you meet the Medicare eligibility requirements above, you can apply at your local Social Security office or call 1-800-772-1213.



If you already receive Social Security benefits, you do not need to do anything. A Medicare card should be sent to you about three (3) months before you become eligible for Medicare.

Covered Services:

- Hospitalizations (Part A)
- Outpatient Services (Part B)
- Prescription Drug Coverage (Part D)

申請資格:

年齡滿65歲或以上，必須是美國公民或在美國連續居留至少五年的合法居民。未滿65歲的殘障人士和末期腎病患者 (ESRD) 也可能符合資格。同時，您或您的配偶必須在美國合法工作滿一段期間。如果您符合申請資格，請到鄰近地區的社會安全局辦公室 (Social Security office) 或致電 1-800-772-1213 辦理申請手續。

如果您現正享有社會安全福利，您不需要辦理聯邦醫療保險的申請。在您符合投資格大約三個月前將會收到您的聯邦醫療保險卡。

服務包括:

- 住院服務 (A 部分)
- 門診服務 (B 部分)
- 處方藥物 (D 部分)

MEDI-CAL

加州醫療補助計劃(簡稱「加州醫藥卡」)

Public Health Insurance Program 公共醫療保險計劃

Eligibility:

Low-income individuals including families with children, adults under the age of 65, seniors, pregnant women, or disabled individuals. Must be California residents and meet program requirements. Scope of services provided are dependent on immigration status. Effective January 1, 2020, all eligible children and young adults up to age 26, regardless of immigration status, will be able to enroll in Medi-Cal.

Full Scope Medi-Cal Covered Services:

- Doctor visits and hospitalizations
- Prescription medicines
- Mental health services
- Dental
- Vision services: full range of services for children; eye exams only for adults
- Podiatry, Acupuncture, and Chiropractic services



Restricted Scope Medi-Cal Covered Services:

- Emergency services
- Pregnancy and postpartum related services
- Long term care

申請資格:

低收入人士, 包括兒童、65歲以下的成年人、老人、孕婦, 必須是加州居民並且符合該計劃規定的要求。承保服務範圍取決於移民狀況。由2020年1月1日開始, 所有有資格的26歲及以下的兒童和青/少年, 無論任何移民狀況, 都可以加入加州醫療補助計劃。

全面服務包括:

- 門診及住院服務
- 處方藥物
- 精神健康服務
- 牙齒保健服務
- 視力保健服務: 兒童可獲全面服務, 成人服務範圍限於眼科檢查/門診
- 足科、針灸科、及脊椎神經科服務

限制範圍服務包括:

- 急診服務
- 懷孕及產後相關護理服務
- 長期護理服務

MEDI-CAL ACCESS PROGRAM (MCAP)

加州醫療補助便捷計劃

Public Health Insurance Program 公共醫療保險計劃

Eligibility:

Must be pregnant, California residents, not enrolled in Medi-Cal or Medicare, uninsured or covered by private insurance with a separate maternity deductible or copayment greater than \$500, and income between 214% to 321% of the Federal Poverty Level.

Cost:

1.5% of your Modified Adjusted Gross Income.

Covered Services:

All medically necessary services from the start date of coverage in the program until the last day of the month in which the 60th day following the end of the pregnancy occurs.

申請資格:

必須為懷孕的加州居民；並且沒有加入加州醫療補助計劃或聯邦醫療保險計劃，沒有醫療保險，或雖有醫療保險，但婦產科服務的扣除額或共付費超過500元，家庭收入介乎於聯邦貧窮線214%至321%。

費用:

調整後年總收入之1.5%。



服務包括:

從計劃生效當天開始至生產後第60天所在的月份的最後一天為止，期間所有必須的醫療服務。

TARGETED LOW INCOME CHILDREN PROGRAM

低收入兒童計劃

Public Health Insurance Program 公共醫療保險計劃

Eligibility:

Children age 18 and under with household incomes up to 266% of the Federal Poverty Level (FPL). Must be a California resident and a U.S. citizen or qualified immigrant.

Cost:

No co-payment. Monthly premiums \$13 per child to a maximum of \$39 per family if income over 150% FPL. No premium if income below 150% FPL.

Covered Services:

- Doctor visits, immunizations and prescription drugs
- Dental and vision care
- Hospital, emergency room care
- OB/GYN, pregnancy and family planning services
- Mental health services
- Substance abuse services
- Specialty care

申請資格:

年齡18歲或以下的兒童或青少年，家庭收入不超過聯邦貧窮線266%，並且必須是加州居民和美國公民（或符合資格的移民）。

費用:

不設共付費。家庭收入超過聯邦貧窮線150%的兒童或青少年每人每月13元保費或最高每個家庭39元保費。家庭收入低於聯邦貧窮線150%，不需支付月費。

服務包括:

- 門診、疫苗注射、處方藥物
- 牙齒及視力保健服務
- 住院及急診服務
- 婦產科及懷孕/家庭生育計劃服務
- 精神健康服務
- 藥品濫用服務
- 專科服務



CAL MEDICONNECT

加州醫療連線計劃

Public Health Insurance Program / Coordinated Care Initiative 公共醫療保險協調護理計劃

Cal MediConnect is a new health care option for persons with both Medicare and Medi-Cal coverage living in San Mateo or Santa Clara counties. The program will coordinate medical, behavioral health, long-term institutional, and home- and community-based services through a single organized delivery system.



「加州醫療連線計劃」是一項新的健康護理計劃，幫助同時享有聯邦醫療保險計劃及加州醫療補助計劃的聖馬刁縣或聖塔克萊拉縣居民協調護理。該計劃將兩項公共醫療保險的福利合併為一項健康計劃，依照您的居家及社區護理需求安排必要的醫療援助及照護人員。

Eligibility:

Must have both Medicare and Medi-Cal coverage. See other pages for details.

- Additional services, depending on your county and health plan

Covered Services:

- All services available through Medicare and Medi-Cal, including primary care, specialty care, prescription drugs, hospital services, nursing home care, durable medical equipment, behavioral health, substance abuse services, in-home and long term supports and services, etc.
- Vision care services
- Transportation for medical appointments
- 24-hour nurse advice line
- Case manager and care team

申請資格:

同時享有聯邦醫療保險計劃及加州醫療補助計劃的人士。詳情請參閱相應頁數的描述。

服務包括:

- 所有聯邦醫療保險計劃及加州醫療補助計劃的福利，包括一般門診、專科、處方藥物、住院、護理院、耐用醫療器械、行為健康、藥品濫用、居家及長期服務與支援等
- 視力保健服務
- 接受醫療服務時的交通服務
- 24小時護士諮詢專線
- 個案管理專員及護理小組
- 根據您的居住縣及健康計劃而定的其他服務

Health Coverage Program (Not Insurance) 醫療保健計劃 (非保險)

Eligibility:

Individuals age 18 and over, uninsured, San Francisco residents, who do not qualify for any public health coverage programs and with household incomes at or below 500% of the Federal Poverty Level. Individuals living temporarily in SF on an active I-94 form are not eligible for Healthy San Francisco.

Cost:

Individuals with family income above 100% of the Federal Poverty Level are assessed a quarterly participation fee according to their household income. Point-of-service fee varies by clinic and type of service. Fees vary according to income.

Covered Services:

- Preventive, routine, specialty care
- Urgent and emergency care
- Hospital care
- Laboratory services and tests
- Prescription medicine

Services such as dental and vision care are not covered by Healthy San Francisco, but you can still use these services at NEMS and pay on a sliding fee scale, as applicable.



申請資格:

年齡18歲以上，家庭收入不超過聯邦貧窮線500%，三藩市居民，沒有醫療保險，並且不符合條件申請其它政府醫療補助計劃的人仕。持I-94出入境登記卡暫時停留三藩市的人仕不符合條件申請健康三藩市計劃。

費用:

家庭收入超過聯邦貧窮線100%的人仕，將根據他們的收入情況，每3個月支付一次保費。每次的醫療費用會根據不同的醫療中心和服務項目而定。費用會依照家庭收入調整。

服務包括:

- 預防保健、定期檢查以及專科服務
- 急診服務
- 住院服務
- 化驗服務
- 處方藥物

健康三藩市計劃不涵蓋牙科及視力配鏡服務，但您也可以在在本中心按照減費標準的優惠價格獲取這些服務。

SAN MATEO COUNTY ACCESS AND CARE FOR EVERYONE (ACE) 聖馬刁縣全民保健計劃

Health Coverage Program (Not Insurance) 醫療保健計劃 (非保險)

Apply for ACE through the Health Plan of San Mateo (HPSM) Health Coverage Unit. 本計劃通過聖馬刁健康計劃的醫療保險部申請。

Eligibility:

- San Mateo County resident
- Age 19 through 64
- Income between 0-200% of Federal Poverty Limit (FPL)
- Does not have to be documented U.S. citizen
- Not eligible for other state and/or federal health insurance programs

Cost:

- ACE annual enrollment fee of \$360 paid in full or in monthly payments of \$30
- Co-payments for services
- Enrollment fee and co-pays can be waived if income requirements are met

Covered Services:

- Doctor Visits
- Prescription Drugs
- Immunizations
- Mental Health
- Medical Supplies
- Vision Services

申請資格:

- 聖馬刁縣居民
- 年齡19至64歲
- 年收入介乎於聯邦貧窮線0-200%之



間

- 不需為美國公民
- 不符合其他州 / 聯邦健康保險計劃

費用:

- 一次性年費360元或月費30元
- 服務共付費
- 如符合收入標準, 可豁免年費及共付費

服務包括:

- 門診服務
- 處方藥物
- 疫苗注射
- 精神健康服務
- 醫療用品
- 視力保健服務

SANTA CLARA COUNTY PRIMARY CARE ACCESS PROGRAM (PCAP) 聖塔克萊拉縣基本護理便捷計劃

Health Coverage Program (Not Insurance) 醫療保健計劃 (非保險)

Eligibility:

- Santa Clara County resident (Not eligible for PCAP if on active tourist visa)
- Age 19 and older
- Income 0-200% of Federal Poverty Limit
- Not eligible for full-scope MediCal, Covered CA with subsidies or Employer Insurance



Cost:

Point-of-service fee varies by clinic and type of service. Fees vary according to income.

Covered Services:

- Primary care services
- Laboratory services and tests
- Prescription medicine
- In-patient, emergency, and specialty care services provided by Santa Clara Valley Medical Center (VMC)

Primary Care Access Program will not cover cost of care received outside of the enrollee's assigned medical home or Santa Clara Valley Medical Center system.

申請資格:

- 聖塔克萊拉縣居民
- 19歲以上
- 年收入介乎於聯邦貧窮線0-200%之間
- 不符合條件申請其它加州醫療補助計劃、投保加州補助計劃或員工保險

費用:

每次的醫療費用會根據不同的醫療中心和服務項目而定。費用會依照家庭收入調整。

服務包括:

- 一般門診服務
- 化驗服務
- 處方藥物
- 住院、急診、及由聖塔克萊拉谷醫療中心 (VMC) 提供的專科護理服務

基本護理便捷計劃不包括支付登記者在指定醫療機構或聖塔克萊拉谷醫療中心 (VMC) 以外接受服務的費用。

PRESUMPTIVE ELIGIBILITY MEDI-CAL

加州醫藥卡產前補助計劃

Specially-Funded Program 特別資助計劃



Eligibility:

Any woman who thinks she is pregnant and whose family income is at or below 213% of the Federal Poverty Level. California residency is required.

Free Services:

- Pregnancy testing
- Up to two months of prenatal care. Coverage may be extended until full eligibility determination is made if a Medi-Cal application has been submitted before the first good through date on the PE card

申請資格:

相信已經懷孕，並且家庭收入低於（或達到）聯邦貧窮線213%的婦女。必須是加州居民。

免費服務包括:

- 懷孕測試
- 兩個月的產前護理。如在產前補助卡上的第一個有效期前遞交加州醫藥卡的申請表，服務承保可延長至申請資格得到全面確定為止

FAMILY PLANNING, ACCESS, CARE & TREATMENT (FAMILY PACT) 家庭計劃

Specially-Funded Program 特別資助計劃



Eligibility:

Low-income men under age 60 and low-income women under age 55 able to become pregnant or cause a pregnancy. Gross family income must be at or below 200% of the Federal Poverty Level and not covered by Medi-Cal, Medicare, or other health insurance.

Free Services:

- Contraceptive services including sterilization
- Family Planning counseling and education

- Sexually transmitted disease (STD) screening and treatment
- Cervical cancer screening

申請資格:

有生育能力的60歲以下低收入男性，及55歲以下有機會懷孕的低收入女性，家庭收入不超過聯邦貧窮線200%，並且沒有加州醫藥補助、聯邦醫療補助或其它種類的醫療保險。

免費服務包括:

- 避孕服務，包括結紮手術
- 生育健康諮詢及教育
- 傳染性性病檢查及治療
- 子宮頸癌檢查

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) 兒童健康與預防傷殘計劃

Specially-Funded Program 特別資助計劃



Eligibility:

Children under age 19 with family income at or below 266% of the Federal Poverty Level and have no health insurance coverage for well-child care.

Free Services:

- Periodic preventive care services based on the child's age
- Immunizations
- School entry health exams

申請資格:

年齡19歲以下，家庭收入不超過聯邦貧窮線266%，並且沒有任何醫療保健計劃的兒童和青少年。

免費服務包括:

- 根據不同年齡提供定期的預防保健服務
- 疫苗注射
- 入學體檢

Specially-Funded Program 特別資助計劃



Eligibility:

Women 21 years old or older with family income at or below 200% of the Federal Poverty Level. Must not be covered by Medi-Cal or Medicare and have no or limited insurance.

Free Services:

- Breast cancer screening: Women who are 40 years old and over
- Breast cancer diagnostic services: symptomatic women under age 40 years old
- Cervical Screening: Women who are 21 years or older

申請資格:

年齡21歲以上的女性，家庭收入不超過聯邦貧窮線200%，沒有加州醫療補助計劃或聯邦醫療保險計劃，並且沒有或只有限制的醫療保險。

免費服務包括:

- 乳癌檢查：40歲及以上的女性
- 乳癌診斷服務：40歲以下出現症狀的女性
- 子宮頸癌檢驗：21歲及以上的女性

HEALTH CARE FOR THE HOMELESS

無居所者健康計劃

Other Health Coverage Program 其他醫療保健計劃



Eligibility:

Patients who are San Francisco residents and meet the definition of homelessness (e.g. doubled-up, street homeless, temporary housing, etc.). Services provided at NEMS Stockton Clinic only.

Free Services:

- Primary health care services
- Substance abuse, mental health and HIV services
- Dental and vision screenings
- Prescriptions (based on Medi-Cal drug formulary)

申請資格:

三藩市居民，並且符合無家可歸的定義(例如：寄宿在親友家中、露宿街頭、住在臨時居所等)的人仕。此項服務只限於三藩市華埠診所提供。

免費服務包括:

- 一般門診服務
- 藥品濫用與精神健康服務及愛滋病治療服務
- 牙齒檢查及視力檢驗服務
- 處方藥物 (只限於加州醫療補助計劃涵蓋的藥物)

BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP) 乳癌 / 子宮頸癌治療計劃

Other Health Coverage Program 其他醫療保健計劃

Eligibility:

Low income patients with a diagnosis of cervical cancer or breast cancer who are California residents. Must meet the program age requirement and have family incomes at or below 200% of the Federal Poverty Level.

Free services:

- **State BCCTP** for those without satisfactory immigration status: provides limited breast and /or cervical cancer treatment and related services. Breast cancer treatment services for up to 18 continuous months and cervical cancer treatment services for up to 24 continuous months.
- **Federal BCCTP** for those with satisfactory immigration status: provides full-scope Medi-Cal at for the duration of cancer treatment.



申請資格:

經診斷患有子宮頸癌或乳癌的低收入加州居民。申請人必須達到該計劃的年齡要求，而且家庭收入不超過聯邦貧窮線200%。

免費服務包括:

- 加州乳癌 / 子宮頸癌治療計劃: 向沒有合法移民身份人士提供僅與乳癌 / 子宮頸癌治療相關的服務。

乳癌治療的服務提供期限最長可持續18個月，子宮頸癌治療的服務提供期限最長可持續24個月。

- 聯邦乳癌 / 子宮頸癌治療計劃: 向有合法移民身份人士提供癌症治療期間加州醫療補助計劃所涵蓋的全面服務。

COVERED CALIFORNIA (CALIFORNIA HEALTH BENEFIT EXCHANGE)

Private Insurance With Government Subsidy Provided to Eligible Consumers



Eligibility:

Individuals and small employers meeting federal citizenship requirements may enroll in the exchange. Federal health care reform makes tax credits and subsidies available in 2014 to Californians with incomes between 138% and 600% of the Federal Poverty Level (FPL). The Exchange will ensure that Californians eligible for federally-authorized tax credits and subsidies get those benefits. Small employers with less than 50 employees may also purchase coverage through the Exchange.

Cost:

Premium rates are reduced based on how much you earn. The less you have, the more assistance you might receive. Starting at 138% FPL, you are eligible for the largest tax credit, which will discount both your premium and cost sharing (deductibles, coinsurance and copays) as long as your income is below 250% FPL. If you earn up to 600% FPL, you may qualify for premium assistance only.

Covered Services:

- Preventive and wellness services and chronic disease management

投保加州 (加州醫療健康福利保險市場)

提供給符合資格的消費者的政府補貼私人保險

- Pediatric care
- Maternity and newborn care
- Laboratory services
- Hospital stays
- Emergency room visits
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Ambulatory services (outpatient)
- Mental health and substance abuse services, including behavioral health care

申請資格:

符合聯邦政府公民要求的人士或小企業可以參保。2014年聯邦健康醫療改革開始為年收入介乎於聯邦貧窮線138%至600%之間的加州居民提供稅額抵免及補貼。投保加州確保所有符合聯邦認可稅額抵免及補貼申請資格的加州居民都能獲得相應的福利。擁有50名雇員以下的小企業也可以通過投保加州購買醫療保險。

費用:

保險費的減免取決於您的收入。收入越低，您可能會得到越多的補助。只要您的年收入介於聯邦貧窮線138%與250%之間，您便符合申請最多稅額抵免的資格，即可同時獲得保險費及費用分擔(免賠額、共保額、和共付額)折扣。如果您的收入高於貧困水平的600%，您可能只有資格獲得保費補助。



服務包括:

- 預防保健服務及慢性病護理服務
- 兒科護理
- 產婦及新生兒護理
- 化驗服務
- 住院服務
- 急救 / 急診服務
- 處方藥物
- 康復治療及康復器材
- 門診服務
- 心理健康及藥物濫用服務, 包括行為健康護理

Non-Discrimination Disclosure

無歧視披露聲明

North East Medical Services (NEMS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NEMS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

NEMS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact NEMS Member Services Department. If you believe that NEMS 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: NEMS Member Services Department 1520 Stockton St, San Francisco, CA 94133, (415) 391-9686 ext. 8160, Fax: 415-433-4726. You can file a grievance in person, by mail or fax. If you need help filing a grievance, NEMS Member Services Department 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, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services Available

語言援助服務

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)

Chinese

注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)번으로 전화해 주십시오.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (415) 391-9686 ext. 8160 (телетайп: 1-800-735-2929).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (415) 391-9686 ext. 8160 (رقم هاتف الصم والبكم: 1-800-735-2929).

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。(415) 391-9686 ext. 8160 (TTY:1-800-735-2929) まで、お電話にてご連絡ください。

Language Assistance Services Available

語言援助服務

Armenian

ՈՒՇԱՄԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք (415) 391-9686 ext. 8160 (TTY (հեռատիպ)՝ 1-800-735-2929):

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929) تماس بگیرید.

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្មើស គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)។

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929) पर कॉल करें।

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

Clinic Phone Numbers and Addresses

診所電話及地址

Phone 電話: (415) 391-9686
(650) 550-3923
(408) 573-9686
(415) 352-5123

Appointments: ext. 8150
Member Services: ext. 8160
Billing Questions: ext. 8170
All Other Questions: 0 for Operator

San Francisco 三藩市
Daly City 帝利市
San Jose 聖荷西
24 Hour Cancellation Message Line
24小時取消預約留言專線

門診預約: 轉內線 8150
會員服務部: 轉內線 8160
帳務問題: 轉內線 8170
其它問題: 按 0 聯繫電話接聽員

SF CHINATOWN

- STOCKTON CLINIC

三藩市華埠**STOCKTON**街診所
1520 Stockton Street
San Francisco, CA 94133
* Pharmacy available.

SF CHINATOWN

- PACIFIC CLINIC

三藩市華埠**PACIFIC**街診所
728 Pacific Avenue
San Francisco, CA 94133
Suite 201 (2nd Floor): Dental Services
Suite 403 (4th Floor): Acupuncture
Suite 503 (5th Floor): Acupuncture

SF PORTOLA

- SAN BRUNO CLINIC

三藩市波特羅區**SAN BRUNO**街診所
2574 San Bruno Avenue
San Francisco, CA 94134
* Pharmacy available.

SF VISITACION VALLEY

- LELAND CLINIC

三藩市訪谷區**LELAND**街診所
82 Leland Avenue
San Francisco, CA 94134

SF RICHMOND

- CLEMENT CLINIC

三藩市列治文區**CLEMENT**街診所
1033 Clement Street
San Francisco, CA 94118
(Pharmacy: 1019 Clement Street)
* Pharmacy available.

SF SUNSET

- NORIEGA CLINIC

三藩市日落區**NORIEGA**街診所
1400 & 1450 Noriega Street
San Francisco, CA 94122
* Pharmacy available

SF SUNSET - TARAVAL CLINIC

三藩市日落區**TARAVAL**街診所
3431 Taraval Street
San Francisco, CA 94116

2308 Taraval Street
San Francisco, CA 94116

* **Currently offers Acupuncture services only.**

SF TENDERLOIN - ELLIS CLINIC

三藩市田德隆區**ELLIS**街診所
518 Ellis Street
San Francisco, CA 94109

DALY CITY - EASTMOOR CLINIC

帝利市**EASTMOOR**街診所
211 Eastmoor Avenue
Daly City, CA 94015
* Pharmacy available.

SAN JOSE - LUNDY CLINIC

聖荷西**LUNDY**街**1870**號診所
1870 Lundy Avenue
San Jose, CA 95131
* Pharmacy available

Please visit our website for additional information, updated clinic and pharmacy hours, and more. 欲知詳細診所及藥房營業時間或其他資訊, 請瀏覽以下網址 www.nems.org