



LANGUAGE ASSISTANCE PROGRAM: PROVIDER SUMMARY DOCUMENT

Vision Plan Name:

- MARCH[®] Vision Care

Threshold Language

- English

Contact for Oral Interpreter Services:

- MARCH[®] Vision Care's Customer Care Department
 - (844) 336-2724

Contact for Written Translation of Documents:

- MARCH[®] Vision Care's Customer Care Department
 - (844) 336-2724

Plan Contact for Provider Questions related to Plan's Language Assistance Program:

- MARCH[®] Vision Care's Provider Services Department
 - (844) 336-2724
 - Email: providers@marchvisioncare.com

Additional resources:

- MARCH[®] Vision Care's Website:
 - MARCH[®] Vision Care provides **Language Assistance Program** information and resources on the **Provider Resources** section of our website.
 - Additional detailed educational information on cultural competency and sensitivity can be found at our website under **Provider Tools to Care for Diverse Populations**.
- Industry Collaboration Effort (ICE) Website:
 - ICE website: www.iceforhealth.org.
 - Once on the website, follow the path: Library>Approved Ice Documents> Cultural & Linguistics Services Team folder.
 - "ICE Health Plan Resource Guide for Provider Offices"
To access the most recent Language Assistance Program Contact Information for many California health plans, including MARCH[®] Vision Care, click on or access the following link: www.iceforhealth.org/library.
- Department of Managed Health Care
 - <http://www.dmhc.ca.gov/default.aspx>.