



Member Grievance Form

NAME: _____

ADDRESS: _____

Phone Number: _____ Gateway ID Number: _____

What would you like to file a grievance about?

Please be specific and include as much information as possible, such as dates of service, the name of the provider, the name of the service in question, etc.

Has Gateway Health Plan Medicare Assured[®] HMO refused to expedite a decision?

Yes No

Has Gateway Health Plan Medicare Assured[®] HMO taken an extension on a request? Yes No

Do you have any additional information that you would like Gateway Health Plan Medicare Assured[®] HMO to review? If so, please explain.

Would you like to attend or participate in a grievance? Yes No

I would like to attend in person. **I would like to participate by phone.**

Gateway Health Plan Medicare Assured[®] HMO is a Medicare approved Special Needs Plan for individuals who have both Medicare and Medical Assistance

Your rights during the grievance process:

- You (or your appointed representative) have the right to submit evidence or allegations of fact or law, in person or in writing.
- You (or your appointed representative) have the right to review any information related to the grievance process.
- You (or your appointed representative) have the right to have a Gateway Health Plan *Medicare Assured*[®] HMO staff member assist you in this process.

Please review the information on this form to be sure that the information is correct. Make any corrections that you feel are needed. You may also wish to provide additional information for review.

Please sign this form and return it in the enclosed postage paid envelope.

Signature

Date

Printed Name

PLEASE NOTE: *If anyone other than the member has completed and signed this form, an Appointment of Representative Form must also be completed.*

You may obtain a copy of the Appointment of Representative form from our website (www.gatewayhealthplan.com) or by calling our Member Services Department at the following number.

Gateway Health Plan *Medicare Assured*[®] HMO's Member Services Department is available 8:00 a.m. to 8:00 p.m. seven (7) days a week. Members in Pennsylvania should call 1-800-685-5209. TTY users should call 1-800-654-5988.

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