



Instructions for completing and submitting the Grievance Form

If you are unhappy with any aspect of the operations, activities or behavior of Gateway or one of its providers, you may file a [Grievance](#).

If you need help filing a Grievance, you can call Gateway for assistance. Please call Member Services at 1-800-685-5209 (TTY users call 1-800-654-5988), 8 a.m. – 8 p.m., 7 days a week.

If someone other than the member is filing this request, an [Appointment of Representative Form](#) must be submitted along with the Request for Grievance Form.

Please note: You are not required to submit your request for Grievance in writing.

To request forms:

- You may download the forms from our website.
- Request a form in writing or in person at:
Gateway Health Plan®
Attention: Medicare Complaints Administrator
US Steel Building, Floor 41
600 Grant Street
Pittsburgh, PA 15219-2704

To complete the form:

- Fill out the required information on the form.
- Print and sign your name on the second page

To submit your request for Grievance:

- File your request by mail or in person at this address:
Gateway Health Plan®
Attention: Medicare Complaints Administrator
US Steel Building, Floor 41
600 Grant Street
Pittsburgh, PA 15219-2704

OR

- Fax your request to Medicare Complaints Administrator at 412-255-4503.

If you have any questions or would like to file your Grievance by phone, you may call Member Services at 1-800-685-5209, 8:00 a.m. to 8:00 p.m. seven (7) days a week. TTY users should call 1-800-654-5988.