



Instructions for completing and submitting the Grievance Form

If you are unhappy with any aspect of the operations, activities or behavior of Gateway Health Plan Medicare Assured[®] HMO SNP 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 711), 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 711.