



## Standard Request for Redetermination Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

**What decision would you like Gateway Health Plan Medicare Assured® HMO to reconsider?**

*Please be specific and include as much information as possible, such as names and dosages of medications.*

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Have you already received this service?     Yes                       No

If you answered yes, what was the date of service? \_\_\_\_\_

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

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

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

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

**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*<sup>®</sup> 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 reconsideration.

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**Signature**

**Date**

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**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](http://www.gatewayhealthplan.com)) or by calling the number below.*

Gateway Health Plan *Medicare Assured*<sup>®</sup> HMO 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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