



Instructions for completing and submitting the Standard Request for Redetermination Form

If Gateway Health Plan *Medicare Assured*[®] *HMO* (Gateway) has denied, in full or in part, any request for coverage of a Part D Drug, you, your physician or other prescribers may submit a [Request for Redetermination](#), also called an Appeal.

If you need help filing an Appeal, 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 you, your physician, or other prescriber is filing this request, an [Appointment of Representative Form](#) must be submitted along with the Request for Redetermination Form.

Please note: You are not required to submit your request for Appeal 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 Redetermination:

- 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 request for Redetermination 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.