Gateway Health
Medicare Assured℠

Member Grievance Form

DATE GREIVANCE FILED: _____ GATEWAY ID#: _____

MEMBER NAME: _____ MEMBER PHONE #: _____

MEMBER ADDRESS: _____

NAME OF PERSON FILING THE GRIEVANCE & RELATIONSHIP TO MEMBER:

_____ PERSON FILING'S PHONE #: _____

PERSON FILING'S ADDRESS: _____

What is the Grievance about?
Please be specific and include as much information as possible, such as dates of service, the name and location of the provider, and the type of service at issue. (who, what, where, when, why)

_____

_____

_____

_____

_____

_____

_____

_____

What would you like as a result of filing this Grievance?

_____

_____

_____

_____

Your rights during the grievance process:

- You (or your representative) have the right to submit evidence or allegations of fact or law, in person or in writing.
- You (or your representative) have the right to review any information related to your grievance.
- You (or your representative) have the right to have a Gateway Health Medicare Assured[SM] staff member help you through the Grievance process.

These Rights have been explained by: **Date:**

Please review the information on this form to be sure that your Grievance is correct. You may make any corrections that you feel are needed. You may 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, and completed Appointment of Representation Form (AOR), or Equivalent Written Notice must be provided to Gateway before this Grievance may be investigated. You may obtain a copy of the AOR from our website (www.MedicareAssured.com) or by calling our Member Services Department. Gateway's Member Services Department hours of operation are:

- October 1 through February 14: 8 a.m. to 8 p.m., 7 days a week.
- February 15 through September 30: Monday through Friday 8 a.m. to 8 p.m.
- You may leave a voice mail message after-hours, Saturdays, Sundays and holidays.

For Pennsylvania Residents:	call 1-800-685-5209 TTY users should call 711 (1-800-654-5984)
For Ohio Residents:	call 1-888-447-4505 TTY users should call 711 (1-800-750-0750)
For Kentucky Residents:	call 1-855-847-6380 TTY users should call 711 (1-800-648-6056)
For North Carolina Residents:	call 1-855-847-6430 TTY users should call 711 (800-735-2962)

Internal Use Only
All Fields Complete □
Spell Check □
Submit Form □

Gateway Health[SM] offers HMO plans with a Medicare Contract. Some Gateway Health plans have a contract with Medicaid in the states where they are offered. Enrollment in these plans depends on contract renewal.