



Instruction on “How to file a Grievance”

If you have a grievance, we encourage you to call customer service. We will try to resolve any complaint over the phone. If at any time you feel that your problem has not been resolved to you or your authorized representative's satisfaction through informal discussions, you or your authorized representative may submit a written grievance to our Grievance/Appeals Department. Below please find the address and telephone number to our Grievance/Appeals Department.

This written grievance should include:

- # 1 The member's name, address,
- # 2 Member ID number,
- # 3 You or your authorized representative's signature,
- # 4 Date and summary of the issue, including a statement of action you or your authorized representative is requesting. If you or your authorized representative requires assistance in preparing and submitting your written grievance, you or your authorized representative may contact our Member Services Department where a Member Services Representative will assist you.

You may also contact our Member Services Department to request a Grievance Form.

Our address is:

HealthSun Health Plans
1205 SW 37th Avenue
Miami, Florida 33135
Attn: Grievances/Appeals Department
Fax: 305-448-5783

To request an oral grievance please call 305-234-9292 in Miami-Dade, 1-877-207-4900 in Broward, for the hearing impaired, TTY 1-877-206-0500, 8:30a.m. To 5:30p.m. Monday through Friday. Alternative technical assistance will be available Saturday, Sundays and holidays to return your call within one business day.