



P.O. Box 459089
Fort Lauderdale, FL 33345-9089

Request for an Appeal or Grievance Form

If you want to request an appeal or grievance, please complete this form. If you do not want to complete this form, you can write a letter that includes the information requested below. This completed form or your letter can be faxed to us at 1-866-534-5972 or mailed to:

Sunshine Health
Appeal and Grievance Coordinator
P.O. Box 459087
Fort Lauderdale, FL 33345-9087

Member's Name: _____

Member's Sunshine Health ID #: _____

Street Address:

City State Zip

Member Daytime Phone Number: _____

If this request is for an appeal, list the Adverse Benefit Determination Reference number found in upper left-hand corner of the Adverse Benefit Determination letter:

Please provide any additional information to support the appeal. If there is an attachment, please note that below.



Member Signature: _____

Date: _____

You may say that you want someone else to act for you. This person must be someone who you have provided authorization to make appeal decisions for you. If you do, you must let that person know and they must agree to do this for you. We can help you fill out this form. Call us at 1-866-796-0530 (TTY 800-955-8770) to ask for help, including if you need an interpreter. If you wish to have an authorized representative, please print their name below:

Name: _____

Relationship to Member: _____

Authorized Representative signature: _____

Date: _____

Remember:

You must file an appeal within 60 calendar days of the date of the Adverse Benefit Determination letter. You can file a grievance at any time.



This information is available for free in other formats and languages. Please contact Member Services at 1-866-796-0530 (TTY 1-800-955-8770) Monday through Friday, 8 a.m. to 8 p.m.

Sunshine Health complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, sex, pregnancy or sexual orientation. Sunshine Health provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact us at the number above. If you believe that Sunshine Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, pregnancy or sexual orientation, you can file a grievance with: 1557 Coordinator, P.O. Box 31384, Tampa, FL 33631, Phone: 1-833-236-9680 (TTY 711)>, Fax: 1-866-388-1769, Email: SM_Section1557Coord@centene.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://www.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at Sunshine Health's website: SunshineHealth.com/non-discrimination.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-796-0530, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-796-0530 (TTY 1-800-955-8770).

Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter les services aux membres au 1-866-796-0530, TTY 1-800-955-8770 du lundi au vendredi, de 8 heures à 20 heures.

Queste informazioni sono disponibili gratuitamente in altre lingue. Contattare il Servizio Membri al 1-866-796-0530, TTY 1-800-955-8770 dal lunedì al venerdì, dalle 8:00 alle 20:00

Эту информацию можно бесплатно получить на других языках. Обращайтесь в Отдел обслуживания по телефону 1-866-796-0530, телефону с текстовым дисплеем 1-800-955-8770 с понедельника по пятницу с 8:00 до 20:00.