



Instructions for submitting a Medicare Redetermination Request Form:

Send the completed form to:

HealthSun Health Plans
1205 SW 37th Avenue
Miami, Florida 33135
Attn: Member Services Department

Or you may submit via fax to 305 448-5783

Note that HSHP may require additional information. See your plan benefit materials for more information.

If you have any questions or need assistance in completing this form, please contact our Member Services Department at 305 234-9292 in Miami Dade County or 1 (877) 207- 4900 for Broward County, or for the hearing impaired TTY 1-877-206-0500.