



**Instructions for submitting a Medicare Redetermination Request Form:**

Send this form completed to:  
HealthSun Health Plans  
1205 SW 37<sup>th</sup> 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 305 235-9292 in Miami Dade County or 1 (877) 207- 4900 for Broward County, or for the hearing impaired TTY 1-877-206-0500.