



GRIEVANCE FORM

Please remit to:

Physicians United Plan, Inc.
Appeals & Grievance Coordinator
9102 Southpark Center Loop, Suite 200
Orlando, FL 32819

Our hours of operation are 8:00 AM to 8:00 PM, Monday through Sunday. If you have any questions or need assistance, please call or fax us:

Toll free at 1-866-571-0693 TTY at 711 Fax Number (407) 226-1901

Form with fields for Member's Name, Member I.D.#, Address, City, State, Zip, Are You (The member filing the grievance, Legal representative, Other), Physician involved, Facility involved, State your grievance, and What would you like to happen?

Attach any supporting documentation (i.e. invoices and payments, signed documentation from physicians and/or other providers, etc.).

Member (or designated representative) Signature
H5696 PUP0125AG01E (F/A 05/06)

Date