

Communication Aid/Accommodation Request Form

The Florida Community Care (FCC) Notice of Nondiscrimination Policy provides free communication aids/services and reasonable accommodations upon request to any person when necessary to ensure equal opportunity and effective communication. If you are in need of communication aids/services or an accommodation, please complete this recommended form and email your request, as far in advance as possible, to ADAcomplaint@fcchealthplan.com, or submit to:

Peguester Contact Information

Nicolas Gross Civil Rights Compliance Coordinator Florida Community Care 4601 NW 77th Avenue Miami, Florida 33166

Name:	
Address:	
Геlephone:	
Ēmail:	
Preferred meth	od of contact:
Authorized Rep	resentative Making Request (if different than requester)
	resentative Making Request (if different than requester)
Name:	
Name: Relationship to	
Name: Relationship to	requester:
Name: Relationship to Address:	requester:
Name: Relationship to Address: Telephone:	requester:
Name: Relationship to Address:	requester:

*Please note: if you are an Authorized Representative making a communication aid/service or accommodation



Communication Aid/Service or Accommodation Request

request on behalf of a requester and wish to be notified as to the status of the request, you must obtain a signed HIPAA authorization release form from the requester. This document can be found at: https://fcchealthplan.com/for-members/

FCC Communication Aid/Accommodation Request Form	(For official use only)
	Request No
Date:	
Signature:	
Please provide any additional information that might be useful in reviewing your requ	uest:
Please describe the specific communication aid or accommodation requested:	
Date communication aid or accommodation is needed:	
Location where communication aid or accommodation is needed:	



PRIVACY POLICY

Submitted information is maintained and destroyed according to	FCC's Notice of Privac	y Practices. Cop	pies of this notice
can be viewed at:			

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