

Response to Notice of Hearing
by Administrative Law Judge
Step 30

This notice will be received to notify you of a scheduled ALJ.

The notice will inform you of the day and time of the ALJ.

The time and day is not optional and cannot be changed.

It is at this time that you identify the individual(s) that you wish to attend the ALJ.

FORM MUST BE COMPLETED AND RETURNED TO MEDICARE WITHIN 5 DAYS

If this time and day is not convenient for the person you want to attend the ALJ, your only option is to identify another individual to attend the ALJ instead.

Section	Instructions
1	This section is completed by CMS to confirm: ✓ <i>Date and Time of ALJ</i> ✓ <i>Presiding Judge for ALJ</i> ✓ <i>Type of hearing (will always be Telephone ALJ)</i>
2	Fill in Appellant Contact Info ✓ <i>Filled out by the individual that will attend the ALJ</i> ✓ <i>Provide contact information of how to contact the individual that will attend the ALJ</i>
3	Third Party Representative ✓ <i>If you hire an attorney or have a third party individual represent your company for this ALJ, that person completes this section.</i> ✓ <i>If you are attending the ALJ on your own behalf, leave this section blank.</i>
4	Signature of Person attending the ALJ
5	Check Item 1a ✓ <i>This confirms you will be available and present at the time and place for the telephone ALJ</i>
6	Suggest to Leave Blank
7	Suggest to Leave Blank



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Medicare Hearings and Appeals

RESPONSE TO NOTICE OF HEARING

You must send this Response to the Office of Medicare Hearings and Appeals (OMHA) within 5 days of receiving the Notice of Hearing.

TO BE COMPLETED BY THE OFFICE OF MEDICARE HEARINGS AND APPEALS			
ALJ Appeal Number		Appellant type (check one)	
		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Provider <input type="checkbox"/> Supplier <input type="checkbox"/> Medicaid State Agency	
Beneficiary Name (Leave blank if same as party name)		Health Insurance Claim (HIC) Number	
Provider or Supplier (if different from appellant)			
Hearing Scheduled for:			
Day of Week	Date	Section 1	Time
Type of Hearing		Location (if applicable)	
<input type="checkbox"/> Video-Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person			
Street Address		City	
State	ZIP Code	Administrative Law Judge (ALJ) assigned to hear the Appeal	
Call-in number and password (if applicable)			

TO BE COMPLETED BY THE RECIPIENT OF NOTICE OF HEARING		
Recipient Name		Street Address
City	State	ZIP Code
Telephone Number	Alternate Telephone Number	
FAX Number	E-Mail	

Recipient's Representative (if applicable)		Street Address
City	State	ZIP Code
Telephone Number	Alternate Telephone Number	
FAX Number	E-Mail	

Recipient or Representative Signature	Section 4	Date
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Check only one item below:

- Item 1a. I will be present at the time and place shown on the Notice of Hearing. If an emergency arises after I mail this Response and I cannot be present, I will immediately notify you at the telephone number shown on the Notice of Hearing in the letterhead.
- Item 1b. I cannot be present at the time and place shown on the Notice of Hearing. I understand that the ALJ has the discretion to change the time and place of the hearing as long as my explanation for the request meets the good cause standard for changing the time and place of the hearing. (An example of good cause would be a serious physical condition or death in the family.) I would like to reschedule my hearing for the following date and time and I have good cause to reschedule my hearing because: *(Please attach a sheet of paper if you need more room.)*
- Item 1c. I want to waive my right to an ALJ hearing. I understand it is my right to have a hearing. I want to waive my right to a hearing because: *(Please attach a sheet of paper if you need more room.)*

Section 5

For the three items below, only check the items if applicable:

- Item 2. NOTE: If you select Item 2, please do not complete Item 5.
I object to the type of hearing scheduled. I understand that the ALJ assigned to the appeal, with the agreement of the Managing ALJ of the OMHA Field Office hearing my appeal, has the discretion to change the type of the hearing scheduled as long as my explanation for the objection meets the good cause standard. (An example of good cause would be that the case presents complex, challenging, or novel presentation of issues that necessitate an in-person hearing.) I understand that if my request for an in-person hearing is granted, I am waiving the timeframe during which the ALJ must decide the appeal. I want an in-person hearing because: *(Please attach a sheet of paper if you need more room.)*
- Item 3. I object to the issues described in the Notice of Hearing. I understand that I must send a copy of my objection to the issues to all the other parties to the appeal. If you do not have these addresses, please contact this office. I understand that the ALJ assigned to my appeal will make a decision on my objection to the issues either in writing or at the hearing, on the record. I object to the issues described in the Notice of Hearing because: *(Please attach a sheet of paper if you need more room.)*
- Item 4. I object to the ALJ assigned to my appeal. I understand that the ALJ may reject my disqualification request because the ALJ does not believe his or her participation in the appeal would give an appearance of impropriety. The ALJ must disqualify himself or herself from adjudicating a case if the ALJ is prejudiced or partial with respect to any party or has an interest in the matter pending for decision. The ALJ may disqualify himself or herself from adjudicating a case if the ALJ believes his or her participation in the case could give an appearance of impropriety. I object to the ALJ because: *(Please attach a sheet of paper if you need more room.)*

Section 6

TO BE COMPLETED BY THE APPELLANT ONLY

Only check the items if applicable: *(If you have selected Item 2, do not complete Item 5.)*

Item 5a. I want to waive the timeframe during which the ALJ must decide my appeal. I understand in waiving this timeframe, the ALJ does not have to decide my appeal within any specific timeframe, as required by statute.

Item 5b. I want to extend the timeframe during which the ALJ must decide my appeal. I want the timeframe to be extended _____ calendar days beyond the timeframe required by statute.

Section 7

PRIVACY ACT STATEMENT

The legal authority for the collection of information on this form is authorized by the Social Security Act (section 1155 of Title XI and sections 1852(g)(5), 1860D-4(h)(1), 1869(h)(I), and 1876 of Title XVIII). The information provided will be used to further document your appeal. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal. Information you furnish on this form may be disclosed by the Office of Medicare Hearings and Appeals to another person or governmental agency only with respect to the Medicare Program and to comply with Federal laws requiring the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.