## Request for Medicaid Hearing Applicant/Beneficiary Eligibility Hearing or Fee-For-Service Beneficiary Hearing Kansas Office of Administrative Hearings

I am requesting a hearing before an impartial hearing officer regarding my Medicaid eligibility or Fee-For-Service Medical Services. I understand I may represent myself or use an attorney, relative, friend or other spokesperson. Applicant/Beneficiary: Phone:	Date:		
Applicant/Beneficiary:       Phone:         Case #:       Date of Birth:         Address:       Phone:         Representative's Address:       Phone:         Representative's Address:       Phone:         Representative's Address:       Phone:         Representative's Address:       Phone:         Representatives should include their authorized representative form when submitting this form to the Office of Administrative Hearings. Representative is (circle one): a parent or relative, an advocate or friend, an attorney, a health care provider, a guardian, a conservator or other (please specify):         Date of Action Being Appealed:	•		
Case #:       Date of Birth:         Address:	iviedicald Se	rvices. I understand I may represent mysell o	r use an attorney, relative, mend or other spokesperson.
Address:	•••	•	
Representative (if applicable):       Phone:         Representatives Should include their authorized representative form when submitting this form to the Office of Administrative Hearings. Representative is (circle one): a parent or relative, an advocate or friend, an attorney, a health care provider, a guardian, a conservator or other (please specify):         Date of Action Being Appealed:			
Representative's Address:         Representatives should include their authorized representative form when submitting this form to the Office of         Administrative Hearings:       Representative is (circle one): a parent or relative, an advocate or friend, an attorney, a health         Care provider, a guardian, a conservator or other (please specify):	Address:		
Representatives should include their authorized representative form when submitting this form to the Office of Administrative Hearings. Representative is (circle one): a parent or relative, an advocate or friend, an attorney, a health care provider, a guardian, a conservator or other (please specify):         Date of Action Being Appealed:	Representati	ve (if applicable):	Phone:
Administrative Hearings. Representative is (circle one): a parent or relative, an advocate or friend, an attorney, a health care provider, a guardian, a conservator or other (please specify):	•		
care provider, a guardian, a conservator or other (please specify):	•	•	0
Date of Action Being Appealed:			
Please attach a copy of the notice about which you are appealing. Explain why you are not satisfied with the decision and send copies of any papers you think may help explain the problem.	care provide	r, a guardian, a conservator or other (please s	pecify):
and send copies of any papers you think may help explain the problem.  (Continue on attached page if necessary) You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.  I would like to request a fast hearing. I am sending medical documents that prove I have an urgent medical need for a fast hearing.  Name of Person Requesting Administrative Hearing Name of Person Requesting Administrative Hearing Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, Kansas 66612 Fax: Office of Administrative Hearings	Date of Acti	on Being Appealed:	
(Continue on attached page if necessary)         You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.         Image: I			
(Continue on attached page if necessary)         You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.         Image: Involute the request a fast hearing. I am sending medical documents that prove I have an urgent medical need for a fast hearing.         Name of Person Requesting Administrative Hearing       Name of Person Completing This Form Submitted Verbally Written			
(Continue on attached page if necessary)         You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.         Image: Involute the request a fast hearing. I am sending medical documents that prove I have an urgent medical need for a fast hearing.         Name of Person Requesting Administrative Hearing       Name of Person Completing This Form Submitted Verbally Written			
(Continue on attached page if necessary)         You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.         Image: Involute the request a fast hearing. I am sending medical documents that prove I have an urgent medical need for a fast hearing.         Name of Person Requesting Administrative Hearing       Name of Person Completing This Form Submitted Verbally Written			
(Continue on attached page if necessary)         You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.         Image: Involute the request a fast hearing. I am sending medical documents that prove I have an urgent medical need for a fast hearing.         Name of Person Requesting Administrative Hearing       Name of Person Completing This Form Submitted Verbally Written			
(Continue on attached page if necessary)         You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.         Image: Involute the request a fast hearing. I am sending medical documents that prove I have an urgent medical need for a fast hearing.         Name of Person Requesting Administrative Hearing       Name of Person Completing This Form Submitted Verbally Written			
You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.  I would like to request a fast hearing. I am sending medical documents that prove I have an urgent medical need for a fast hearing.  Name of Person Requesting Administrative Hearing Name of Person Requesting request by mail, fax, or by telephone: Mail: Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, Kansas 66612 Fax: Office of Administrative Hearings1-785-296-4848 (Keep a copy of the page that shows your fax was successful.) Telephone: KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884			
You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.  I would like to request a fast hearing. I am sending medical documents that prove I have an urgent medical need for a fast hearing.  Name of Person Requesting Administrative Hearing Vou may submit your hearing request by mail, fax, or by telephone: Mail: Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, Kansas 66612  Fax: Office of Administrative Hearings1-785-296-4848 (Keep a copy of the page that shows your fax was successful.)  Telephone: KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884		(Continue on attac	hed page if pecessary)
proof of the urgent medical need at the time you ask for a fast hearing.       We will review these requests as quickly as possible. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time. <ul> <li>I would like to request a fast hearing.</li> <li>I would like to request a fast hearing.</li> <li>Name of Person Requesting Administrative Hearing</li> <li>Name of Person Completing This Form Submitted Verbally</li> <li>Written</li> </ul> You may submit your hearing request by mail, fax, or by telephone:           Mail:         Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, Kansas 66612           Fax:         Office of Administrative Hearings 1020 S. Kansas (Keep a copy of the page that shows your fax was successful.)           Telephone:         KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884			
proof of the urgent medical need at the time you ask for a fast hearing.       We will review these requests as quickly as possible. We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time. <ul> <li>I would like to request a fast hearing.</li> <li>I would like to request a fast hearing.</li> <li>Name of Person Requesting Administrative Hearing</li> <li>Name of Person Completing This Form Submitted Verbally</li> <li>Written</li> </ul> You may submit your hearing request by mail, fax, or by telephone:           Mail:         Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, Kansas 66612           Fax:         Office of Administrative Hearings 1020 S. Kansas (Keep a copy of the page that shows your fax was successful.)           Telephone:         KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884	You can ask f	for an expedited (fast) hearing if you have an ι	urgent medical need. You must send medical documents as
approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.			-
scheduled in the usual amount of time.         I would like to request a fast hearing.         I would like to request a fast hearing.         Name of Person Requesting Administrative Hearing         Name of Person Requesting Administrative Hearing         Name of Person Requesting request by mail, fax, or by telephone:         You may submit your hearing request by mail, fax, or by telephone:         Mail:       Office of Administrative Hearings         1020 S. Kansas Ave.         Topeka, Kansas 66612         Fax:       Office of Administrative Hearings1-785-296-4848         (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884	possible. We	will approve or deny the request based on the	e documents submitted at the time of the request. If we
I would like to request a fast hearing.         Name of Person Requesting Administrative Hearing         Name of Person Completing This Form         Submitted Verbally Written         You may submit your hearing request by mail, fax, or by telephone:         Mail:       Office of Administrative Hearings         1020 S. Kansas Ave.       Topeka, Kansas 66612         Fax:       Office of Administrative Hearings1-785-296-4848         (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884	approve the	request, your hearing will be scheduled as qui	ckly as possible. If we deny the request, your hearing will be
medical need for a fast hearing.         Name of Person Requesting Administrative Hearing         Name of Person Completing This Form         Submitted Verbally         Written         You may submit your hearing request by mail, fax, or by telephone:         Mail:       Office of Administrative Hearings         1020 S. Kansas Ave.         Topeka, Kansas 66612         Fax:       Office of Administrative Hearings1-785-296-4848         (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884	scheduled in	the usual amount of time.	
medical need for a fast hearing.         Name of Person Requesting Administrative Hearing         Name of Person Completing This Form         Submitted Verbally         Written         You may submit your hearing request by mail, fax, or by telephone:         Mail:       Office of Administrative Hearings         1020 S. Kansas Ave.         Topeka, Kansas 66612         Fax:       Office of Administrative Hearings1-785-296-4848         (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884			
Name of Person Requesting Administrative Hearing       Name of Person Completing This Form Submitted Verbally Written         You may submit your hearing request by mail, fax, or by telephone:       Written         Mail:       Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, Kansas 66612         Fax:       Office of Administrative Hearings (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884			
You may submit your hearing request by mail, fax, or by telephone:       Written	medical nee	d for a fast hearing.	
You may submit your hearing request by mail, fax, or by telephone:       Written			
You may submit your hearing request by mail, fax, or by telephone:         Mail:       Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, Kansas 66612         Fax:       Office of Administrative Hearings1-785-296-4848 (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884	Name of Person Requesting Administrative Hearing		Name of Person Completing This Form
Mail:       Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, Kansas 66612         Fax:       Office of Administrative Hearings1-785-296-4848 (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884			Submitted Verbally Written
Mail:       Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, Kansas 66612         Fax:       Office of Administrative Hearings1-785-296-4848 (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884	You may sub	mit your hearing request by mail, fax. or by t	telephone:
Topeka, Kansas 66612         Fax:       Office of Administrative Hearings1-785-296-4848 (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884	•		-
Fax:       Office of Administrative Hearings1-785-296-4848 (Keep a copy of the page that shows your fax was successful.)         Telephone:       KanCare Clearinghouse (Eligibility Decisions)1-800-792-4884		1020 S. Kansas Ave.	
Telephone:       KanCare Clearinghouse (Eligibility Decisions)		Topeka, Kansas 66612	
Telephone:       KanCare Clearinghouse (Eligibility Decisions)	Eav:	Office of Administrative Hearings	1_705 206 1010
Telephone:       KanCare Clearinghouse (Eligibility Decisions)	ΓdΧ.	(Keep a conv of the page that shows your fay w	1-/00-290-4848 vas successful )
		incep a copy of the page that shows your lax w	
KMAP Customer Service (Fee-for-service beneficiary service decisions)1-800-766-9012	Telephone:	KanCare Clearinghouse (Eligibility Decisions)	1-800-792-4884
		KMAP Customer Service (Fee-for-service benef	ficiary service decisions)1-800-766-9012