

**Request for Medicaid Hearing
Eligibility, KanCare Health Plan, Fee-for-Service Hearing – Applicant/Beneficiary
Kansas Office of Administrative Hearings**

Date: _____

I am requesting a hearing before an impartial hearing officer regarding my Medicaid eligibility or Medicaid services or benefits. I understand I may represent myself or use legal counsel, a relative, a friend, or other spokesperson.

All KanCare Health Plan beneficiaries must complete the appeal process if the adverse decision was made by Amerigroup, Sunflower, or United HealthCare before requesting a fair hearing.

Name of the applicant/beneficiary: _____ Case no. _____

Address: _____ Date of Birth: _____

Representative (if applicable): _____

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): _____

I request an Administrative hearing to review the decision or action taken by:
State Agency (KDADS, KDHE): _____ List KanCare Health Plan: _____

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.

(Continue on attached page if necessary)

Name of Person Requesting Administrative Hearing

Name of Person Completing This Form
Submitted Verbally _____ Written _____

You may submit your fair 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 _____ 1-785-296-4848
(Keep a copy of the page that shows your fax was successful.)

Telephone: KanCare Clearinghouse (Eligibility Decisions) 1-800-792-4884
KMAP Customer Service (Fee-for-service beneficiary service decisions) 1-800-766-9012
Amerigroup _____ 1-800-600-4441
Sunflower _____ 1-877-644-4623
United _____ 1-877-542-9238