Washington State Department of Social & Health Services
MSA Management Services Administration

# REQUEST FOR HEARING

per Chapter 388-02 for DSHS hearing rules.

FOR AGENCY USE ONLY

☐ **Oral request taken by:**

NAME | TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION | DATE

**MAIL TO:** OFFICE OF ADMINISTRATIVE HEARING (OAH) MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489 **FAX:** 360-586-6563

**If you are requesting a hearing for the denial of medical benefits or services from your DSHS managed care health plan, you must complete your plan's appeal process before you can file a hearing. (WAC 388-538-112)**

I request a hearing because I disagree with the following decision by the Department of Social and Health Services (DSHS) or my DSHS managed care health plan:

- Explain briefly what DSHS or your DSHS managed care health plan did or did not do (add pages if you need more room); and
- Attach a copy of the notice you are appealing, if possible.

| YOUR NAME (PLEASE PRINT) | DATE OF BIRTH |
|---|---|
| MAILING ADDRESS OF PERSON REQUESTING HEARING | CLIENT ID NUMBER |
| CITY STATE ZIP CODE | TELEPHONE NUMBER (INCLUDE AREA CODE) ☐ MESSAGE PHONE |

**I was notified of the decision on:** _____ by: _____
DATE | CSO OR DSHS MANAGED CARE HEALTH PLAN NAME AND LOCATION

**I want continued assistance, if I am eligible:** ☐ Yes ☐ No Program: _____

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

| YOUR REPRESENTATIVE'S NAME | ORGANIZATION | TELEPHONE NUMBER |
|---|---|---|
| ADDRESS STREET | CITY | STATE ZIP CODE |

☐ **I authorize release of information about my hearing to the representative listed above.**

| YOUR SIGNATURE | DATE |
|---|---|

Do you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No

If yes, what language or what assistance? _____

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing. Follow the instructions in the Notice of Hearing that will be mailed to you by OAH.