



REQUEST FOR APPEAL

To: Health and Human Services (HHSC) Appeals Division
P.O. Box 149030, Mail Code W-613
Austin, Texas 78714-9030
Email to: OCC_Appeals_ContestedCases@hhs.texas.gov

Re: Name of Individual: _____
Facility: _____
Facility Account Number: _____

Legally Authorized Representative (LAR): _____
Relationship to Individual: _____
LAR's Address: _____
LAR's Phone Number: _____
LAR's Email Address: _____

ATTN: ADMINISTRATIVE LAW JUDGE (ALJ)

I wish to appeal a fee assessed for the support, maintenance, and treatment of the individual named above.
The fee is based on _____ source of fund. The reason I'm appealing the fee is _____

APPEARANCE (check only one)

- I wish to have the hearing by telephone conference.
- I (or my representative) will appear in person at the hearing.
- I wish to have a document hearing in which the ALJ makes a decision based solely upon documentation submitted by myself and HHSC

REPRESENTATION (check only one)

- I will represent myself.
- I choose to be represented by: Name: _____
Address: _____
Telephone: _____
Email: _____

DOCUMENTS TO BE CONSIDERED BY THE ADMINISTRATIVE LAW JUDGE

I understand that if I intend for the ALJ to consider any of my documents, then I must file such documents with the HHSC Appeals Division (at the above address) and submit a copy of the documents to the HHSC staff member responsible for representing HHSC in the appeal. I also understand that HHSC must file its documents with the HHSC Appeals Division and submit a copy of the documents to me or my representative.

Signature: _____ **Date:** _____

For assistance completing this form, contact the Reimbursement Manager at the facility where the fee was assessed.