

Attachment 23

FILING FOR A FAIR HEARING

You may request a Fair Hearing from the Texas Health and Human Services Commission to appeal the decision on the attached notification letter. You have 90 days from the date on the notification letter to request a Fair Hearing from the Texas Health and Human Services Commission to appeal the decision made by your plan. If you do not request a hearing within 90 days, you will lose your right to a hearing. You can request a Fair Hearing by calling 1-800-252-8263 or by signing the Fair Hearing portion and sending it to:

Texas Health and Human Services Commission
Appeals Division, Fair Hearings
P.O. Box 149030
Austin TX 78714
MC Y-613

You do not have a right to a Fair Hearing if the services you requested are not a covered service under the state plan or if a change is made to the state or federal law which affects some or all of Medicaid recipients.

If you request a Fair Hearing, you will get a written notice from the hearing officer giving you a hearing date and time. The notice will also give you information you will need to know to prepare for the hearing. You do not have to participate in the hearing. You may request that the hearing be conducted on written information you provide, without giving oral testimony or you may choose to participate and present oral testimony.

The Texas Health and Human Services Commission will provide you with a final decision within 90 days from the date that you requested the hearing.

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Member Name: _____

Member Address: _____

Member Phone Number: _____

Member Medicaid Number: _____

Plan Name: _____

Service Denied: _____

Date Service Denied _____

Yes, I would like to request a Fair Hearing from the Texas Health and Human Services Commission. I have attached a copy of the notification letter.

Signature—Member

Date