



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, PA
DIRECTOR

**REQUEST FOR HEARING
BY MEDICAID PROVIDER**

MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

(Please complete fully)

| | | |
|---|--------|-----------|
| Name of Provider: | | Title: |
| Name of Attorney or Hearing Representative: | | Title: |
| NPI/Provider ID: | | |
| Business Address: (No. & Street) | | Suite #: |
| City: | State: | Zip Code: |
| Provider Business Telephone No: () | | |
| Provider Fax No: () | | |
| Provider Email Address: | | |

This is to request a hearing to appeal a Determination by the Michigan Department of Health and Human Services (DHHS) issued on:

A copy of the Determination is attached: Yes: ☐ No: ☐

The Provider's reason(s) for appealing the DHHS Determination is as follows:

SEND COMPLETED FORM BY MAIL, FAX, OR EMAIL TO:
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
BENEFIT SERVICES DIVISION
P.O. Box 30763
Lansing, MI 48909
FAX: 517-763-0146
EMAIL: LARA-MOHR-DCH@michigan.gov