



**DISTRICT OF COLUMBIA**  
**OFFICE OF ADMINISTRATIVE HEARINGS**  
441 4TH STREET, NW, SUITE 450 NORTH  
WASHINGTON, DC 20001-2714



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## **Request to Appeal a Decision by the Department of Health Care Finance (DHCF) Against a Medicaid Provider**

*Use this form if you are or applied to be a Medicaid provider and want a hearing before an Administrative Law Judge because you disagree with a decision, action, or inaction by the Department of Health Care Finance (DHCF) regarding your provider status or payments. **Attach a copy of the decision if you have one.***

### **Section 1 – Contact Information**

Provider Name:	Provider Mailing Address:
Provider Telephone:	
Provider Email Address:	Provider Ward (if you know):
<input type="checkbox"/> I consent to receive documents by email only	
<i>If you have a representative for this case (check which one applies):</i>	
<input type="checkbox"/> Non-Attorney Representative <input type="checkbox"/> Attorney	
Name of Representative:	Representative Telephone:
Representative Email Address:	Representative Mailing Address
<input type="checkbox"/> Consents to receive documents by email only	

### **Section 2 – Why do you need a hearing?**

- ☐ DHCF denying my enrollment as a provider in the Medicaid program.
- ☐ DHCF denying my reinstatement as a provider in the Medicaid program.
- ☐ DHCF terminating my Medicaid provider agreement.
- ☐ DHCF terminating, suspending, or limiting Medicaid payments for my services.
- ☐ Other (briefly explain): \_\_\_\_\_

→ → → **Continue to second page** → → →

In the space below, give the reason(s) you disagree with DHCF's decision or action and what you want the judge to do. Use an additional page if needed.

### **Section 3 – Language Access**

Do you need OAH to provide an interpreter to help you participate in the hearing?

☐ YES      ☐ NO

If YES, what language do you need? \_\_\_\_\_

### **Section 4 – Reasonable Accommodation**

Do you need a reasonable accommodation to help you participate in the hearing?

☐ YES      ☐ NO

If YES, please explain: \_\_\_\_\_

### **Section 5 – Who Prepared the Hearing Request?**

Signature of the person who prepared the hearing request (unless the request was by phone):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Email, telephone, mailing address of person who prepared hearing request (if not printed above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_