



Medicaid Appeal Request Form

I am appealing a decision of the Office of Medicaid

First Name of Medicaid Applicant/Recipient	Middle Name	Last Name
Street or Post Office Box		
City	State	ZIP Code
Contact Telephone Number (s)		
Medicaid Case Number or RID Number	Social Security Number	
The date on the letter or date I was told about the Medicaid decision		
The person who spoke or wrote to me telling me about the action that I am appealing		
Name		Title
Telephone Number		

The Office of Medicaid (*check the appropriate space*):

- Denied me medical services or prior authorization for medical services
- Delayed my receipt of covered medical services. Name of service: _____
- Changed, denied, or proposed a change to my nursing home level of care
- Took other action which affected my receipt of Medicaid or medical services
- Declared me ineligible or canceled my eligibility for _____

I have a representative *A representative is <u>not</u> required	Name:
	Address:
	Telephone:

Signature Of Appellant	Date

Medicaid Appeal Request Form Instructions

1. Complete this form as fully as possible or write a letter with the same information.
2. Include the names, addresses, and telephone numbers requested. Please print this information.
3. The Medicaid applicant or recipient should sign the form. If the applicant or recipient cannot sign the form, explain why you are the appropriate representative. If you hold Power of Attorney include a copy of the power of attorney agreement.
4. Mail this form or your letter to the address shown below.
 - The Appeal form or letter must be postmarked within thirty days of the date of agency's action. If you were supposed to get a decision, but did not, the appeal form or letter must be postmarked within thirty days of the date you were supposed to get a decision.
 - If neither of the above is appropriate for your situation, mail in the appeal form or letter as soon as possible to protect your appeal rights.

Send the completed form to:

Family and Social Services Administration, Appeals and Hearings Section
402 W Washington Street, Room E034
Indianapolis, IN 46204

If you are not mailing the appeal form or letter within 30 days of the agency's action, please answer the questions below.

1. Did you get a denial or cancellation notice? Yes No
What was the postmark date on the envelope? _____
When did you get the notice? _____
2. If you did not get a notice, how did you learn of the denial or cancellation?

3. Have you had any problems getting mail?
What kind of problems? _____
Were these problems reported to the post office? _____
4. Has your address changed? Yes No When? _____
Did you tell the agency? Yes No When? _____
5. Why didn't you file an appeal within 30 days of the agency action?
