NURSING HOME
HEARING REQUEST FORM

TO BE COMPLETED BY NURSING FACILITY

Resident: _____

Facility: _____

Date of Transfer/Discharge Notice: _____

Date of Scheduled Transfer/Discharge: _____

I would like to request a hearing to appeal the above resident's notice of transfer/discharge. I would like for the hearing to be held (please check one):

☐ By telephone

☐ In person in Raleigh, NC

Name of Person Requesting Hearing:

Address: _____

_____

Telephone Number: _____ Date: _____

Signature: _____

(The signature of resident or resident's representative(s) authorizes release of

medical records) If you have questions, you may contact the DHHS Hearing Office by

calling (919) 814-0090.

PLEASE COMPLETE THE ABOVE INFORMATION AND **ATTACH A COPY OF THE NOTICE OF TRANSFER OR DISCHARGE THAT WAS ISSUED TO YOU BY THE NURSING FACILITY. YOUR REQUEST MUST BE RECEIVED NO LATER THAN ELEVEN (11) *CALENDAR* DAYS FROM THE DATE OF THE NOTICE OF TRANSFER/DISCHARGE. YOUR REQUEST FORM MAY BE SUBMITTED BY MAIL OR FACSIMILE TO:**

DHHS Hearing Office
2501 Mail Service
Center Raleigh NC
27699-2501
Fax (919) 814-0032
Email: Medicaid.DHHSHearingOffice@dhhs.nc.gov

Informational webinars regarding the Transfer/Discharge hearing process can be found at https://medicaid.ncdhhs.gov/medicaid/administrative-hearings-appeals