

# OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE <b>CMO</b>	CASE TYPE <b>R</b>	DOCKET NUMBER	COUNTY	JUDGE
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**Date of hearing request:** \_\_\_\_\_

**County of recipient's residence:** \_\_\_\_\_

## **CMO: Care Management Organization**

Amerigroup Community Care       Peach State Health Plan       WellCare of Georgia

### **CMO's contact person:**

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION: (Contact Person)	EMAIL:

### **CMO's attorney:**

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	<b>GEORGIA BAR NO:</b>	EMAIL:

### **Recipient:**

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL:

### **Recipient's attorney:**

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	<b>GEORGIA BAR NO:</b>	EMAIL:

**Party requesting the hearing:**  Recipient     CMO

**The requesting party will be:**  PETITIONER       RESPONDENT