

OFFICE OF STATE ADMINISTRATIVE HEARINGS

OSAH FORM 2 - PETITION FOR DIRECT APPEAL

Representatives of Medicaid applicants or beneficiaries may file this form if they have submitted a hearing request to a state agency and, after at least thirty days, have not received notification that the request has been transmitted to the Office of State Administrative Hearings (OSAH).

Filing this form does not guarantee that the case will be scheduled for a hearing. A judge will review the information provided and issue a written order on whether scheduling a hearing is appropriate.

In order for this form to be considered, you must include information sufficiently identifying the applicant/beneficiary, including the applicant/beneficiary's (1) name, (2) Social Security number, and (3) date of birth, and attach the form designating you or your organization as the applicant/beneficiary's representative.

APPLICANT/BENEFICIARY INFORMATION

NAME:	TEL #:
SOCIAL SECURITY #:	DATE OF BIRTH:
CURRENT ADDRESS INCLUDING ZIP CODE:	COUNTY OF RESIDENCE:

ATTORNEY OR AUTHORIZED REPRESENTATIVE INFORMATION

NAME:	TEL#:	FAX #:
ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR # (if applicable):	E-MAIL:

HEARING REQUEST INFORMATION

STATE AGENCY – Please identify the state agency that you submitted the hearing request to:	Date you submitted the hearing request to the agency:
AGENCY ACTION – Which of the following best describes the type of agency action that caused you to request a hearing? (Please select one)	
<input type="checkbox"/> Denial of Application <input type="checkbox"/> Reduction/Termination of Benefits	
<input type="checkbox"/> Other: _____	
DESCRIPTION – Please describe the agency action that caused you to request a hearing (you may attach a separate written description, if necessary):	

SIGNATURE – By signing below, you certify that the information in this form is correct and that you are not filing this form for any improper purpose

ATTORNEY/AUTHORIZED REP. SIGNATURE:	DATE:
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FILING INSTRUCTIONS – You may file this form by mailing it to **OSAH Direct Appeal, 225 Peachtree Street NE, Suite 400, Atlanta, GA 30303** or by sending it as an e-mail attachment to directappeal@osah.ga.gov. The Office of State Administrative Hearings does not accept documents attached to encrypted e-mails.