

Request for State Fair Hearing

Member Name: _____

Member ID #: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Member Phone: _____

I wish to appeal the decision made by Louisiana Healthcare Connections on my case because:

Member Signature: _____ Date: _____

Authorized Representative Information

If the member has authorized a representative to request a State Fair Hearing, please complete this section.

Representative Name: _____

Representative Social Security #: _____

Representative Address: _____

City: _____ State: _____ Zip: _____

Representative Phone: _____

Representative Signature: _____ Date: _____



MAIL THIS FORM AND YOUR NOTICE OF ADVERSE ACTION LETTER TO:

Division of Administrative Law—Health and Hospitals Section

P.O. Box 4189, Baton Rouge, LA 70821-4189

Or fax to: (225) 219-9823

The postmark when you mail this form will be the date of your Appeal request. After you ask for a State Fair Hearing, the Division of Administrative Law will send you a Notice by mail of the date, time and location of your State Fair Hearing. If you are unable to mail or fax the attached form, you can request a State Fair Hearing by calling (225) 342-5800 or going to: www.adminlaw.state.la.us/HH.htm.