Form Approved
OMB No. 0938-0034

REQUEST FOR HEARING
PART B MEDICARE CLAIM

Medical Insurance Benefits - Social Security Act

NOTICE—Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal Law.

CARRIER'S NAME AND ADDRESS

1 NAME OF PATIENT

2 HEALTH INSURANCE CLAIM NUMBER

3 I disagree with the review determination on my claim, and request a hearing before a hearing officer of the insurance carrier named above.

MY REASONS ARE: (Attach a copy of the Review Notice. NOTE: If the review decision was made more than 6 months ago, include your reason for not making this request earlier.)

4 CHECK ONE OF THE FOLLOWING

- ☐ I have additional evidence to submit. (Attach such evidence to this form or forward it to the carrier within 10 days.)
- ☐ I do not have additional evidence.

CHECK **ONLY ONE** OF THE STATEMENTS BELOW:

- ☐ I wish to appear in person before the Hearing Officer.
- ☐ I do not wish to appear and hereby request a decision on the evidence before the Hearing Officer.

5 **EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN IN THE APPROPRIATE SPACE BELOW**

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE		CLAIMANT'S SIGNATURE	
ADDRESS		ADDRESS	
CITY, STATE, AND ZIP CODE		CITY, STATE, AND ZIP CODE	
TELEPHONE NUMBER	DATE	TELEPHONE NUMBER	DATE

(Claimant should not write below this line)

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was received on _____ . You will be notified of the time and place of the hearing at least 10 days before the date of the hearing.

SIGNED	DATE

COLLECTION AND USE OF MEDICARE INFORMATION

We are authorized by the Centers for Medicare & Medicaid Services to ask you for information needed in the administration of the Medicare program. Authority to collect information is in section 205 (a), 1872 and 1875 of the Social Security Act, as amended.

The information we obtain to complete your Medicare claim is used to identify you and to determine your eligibility. It also is used to decide if the services and supplies you received are covered by Medicare and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, and other organizations as necessary to administer the Medicare program. For example, it may be necessary to disclose information about the Medicare benefits you have used to a hospital or doctor.

With one exception, which is discussed below, there are no penalties under Social Security law for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of the claim. Failure to furnish any other information, such as name or claim number, would delay payment of the claim.

It is mandatory that you tell us if you are being treated for a work related injury so we can determine whether workmen's compensation will pay for the treatment. Section 1877(a)(3) of the Social Security Act provides criminal penalties for withholding this information.
