**Request for Medicaid Hearing**

**Provider Hearing**

**Kansas Office of Administrative Hearings**

Date:

**I am a provider requesting a hearing before an impartial hearing officer to review the reimbursement decision for services rendered to a member of Aetna, Sunflower, or United Healthcare or a fee-for-service beneficiary. I understand I may represent myself or use an attorney, relative, friend or other spokesperson.**

Provider Name: Phone:

Beneficiary Name:

Representative (if applicable): Phone:

Representative’s Address:

Providers may request an administrative hearing for a reimbursement dispute using this form. Providers may represent a member/beneficiary for all other disputes. If you are a provider representing a member/ beneficiary, please use the appropriate form found at the website address below. Please include your authorized representative form when submitting the request form to the Office of Administrative Hearings.

If the reimbursement dispute involves an adverse decision by Aetna, Sunflower or United HealthCare, providers may request a reconsideration and/or an appeal. Providers must complete the appeal process with Aetna, Sunflower, or United before requesting a fair hearing. If the reimbursement dispute involves an adverse decision by KDHE involving a fee-for-service beneficiary, providers may request a fair hearing immediately after receipt of the adverse reimbursement decision.

I request an administrative hearing to review the decision made by (circle one): KDHE Aetna Sunflower United

Date of Action Being Appealed:

Please attach a copy of the notice about which you are appealing. Explain why you are not satisfied with the decision and send copies of any documents you think may help explain the problem.

(Continue on attached page if necessary)

Name of Person Requesting Administrative Hearing Name of Person Completing This Form

Submitted Verbally Written

**You may submit your Provider fair hearing request by mail or fax:**

**Mail:** Office of Administrative Hearings

1020 S. Kansas Ave.

Topeka, Kansas 66612

**Fax:** Office of Administrative 1-785-296-4848

(Keep a copy of the page that shows your fax was successful.)

**Phone:** Aetna 1-855-221-5656

Sunflower 1-877-644-4623

United 1-800-542-9238

KMAP Customer Service 1-800-933-6593

This hearing request form can be found at [www.oah.ks.gov/Home/Forms](http://www.oah.ks.gov/Home/Forms) Rev. 9/2019