

**Request for Medicaid Hearing  
Aetna, Sunflower, or United Member Hearing  
Kansas Office of Administrative Hearings**

Date: \_\_\_\_\_

I am requesting a hearing before an impartial hearing officer regarding my Medicaid services or benefits. I understand I may represent myself or use an attorney, relative, friend or other spokesperson. All KanCare members must complete the appeal process with Aetna, Sunflower, or United HealthCare before requesting a hearing.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Representative (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

**Representatives should include their authorized representative form with this form.**

Representative is (Check One):

parent/relative,  advocate/friend,  attorney, provider,  guardian,  conservator,

other (describe): \_\_\_\_\_

I request a hearing to review the adverse decision made by: (Check One:)  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 papers you think may help explain the problem.

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**(You will need to continue on page 2 if box above is full)**

If you are enrolled with a health plan (Aetna, Sunflower, United) and you or your doctor want a fast hearing because your health is at risk, you must complete an expedited (fast) appeal with your health plan first. If your health plan decides your health is not at risk, it will send you a letter telling you it will make its appeal decision in the usual amount of time.

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Name of Person Requesting Administrative Hearing \_\_\_\_\_

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Name of Person Completing This Form \_\_\_\_\_

Submitted Verbally  Written

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

**Mail:** Office of Administrative Hearings  
1020 S Kansas Ave.  
Topeka, KS 66612

**Fax:** Office of Administrative Hearings \_\_\_\_\_ 1-785-296-4848  
(Keep a copy of the page that shows your fax was successful.)

**Telephone:** Aetna \_\_\_\_\_ 1-855-221-5656  
Sunflower \_\_\_\_\_ 1-877-644-4623  
United \_\_\_\_\_ 1-877-542-9238

This request form can be found at <https://www.kancare.ks.gov/consumers/mco-state-fair-hearings>

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\*Additional Page for Continuation of Explanation Information: