**Today’s Date:** Click or tap to enter a date.

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

|  |  |
| --- | --- |
| **Provider Name:** Click or tap here to enter text.  | **Phone:** Click or tap here to enter text. |
| **Representative’s Name (if applicable)**: Click or tap here to enter text. | **Phone:** Click or tap here to enter text. |
| **Representative’s Full Address:** Click or tap here to enter text. |

If you are a provider representing a member or beneficiary, please use the appropriate Member hearing request form or Eligibility/FFS hearing request 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 dispute involves an adverse reimbursement or service authorization decision by Aetna, Sunflower or United Healthcare, providers may request a reconsideration, an appeal, an external independent third-party review, and a state fair hearing. Providers must complete the appeal process with Aetna, Sunflower, or United Healthcare before requesting a fair hearing. If the dispute involves an adverse reimbursement decision by KDHE’s Medicaid agency involving services rendered to a fee-for-service beneficiary, providers may request a fair hearing immediately after receipt of the adverse decision.

**I request an administrative hearing to review the decision made by (Check One):**

 [ ]  KDHE [ ]  Aetna [ ]  Sunflower [ ]  United

**Date of Action Being Appealed:** Click or tap to enter a date.

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.

Click or tap here to enter text.

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |
| 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 form can be found at <https://www.kancare.ks.gov/consumers/appeals-hearings-grievances>