



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Office of Medicare Hearings and Appeals

REQUEST FOR EXTENSION OF TIME TO FILE REQUEST FOR  
ADMINISTRATIVE LAW JUDGE (ALJ) HEARING OR REVIEW OF DISMISSAL

**Instructions:** If you are filing your request for an Administrative Law Judge (ALJ) hearing or review of a dismissal (form OMHA-100) with the Office of Medicare Hearings and Appeals (OMHA) more than 60 calendar days after you received the notice of reconsideration / reconsidered determination or dismissal that you are appealing, you may request an extension for good cause.

To request an extension and establish good cause for your late request, complete this form and send it with your request for an ALJ hearing or review of a dismissal to the address identified in the appeal instructions that came with the notice of reconsideration / reconsidered determination or dismissal that you are appealing.

Part D enrollees requesting an expedited hearing may make an oral request for an extension of time—see the appeal instructions that came with your Part D notice of reconsideration or dismissal.

An ALJ or attorney adjudicator will evaluate your reasons for filing your request for an ALJ hearing or review of a dismissal late, using the standards set forth at 42 C.F.R. section 405.942(b)(2) and (b)(3). An ALJ or attorney adjudicator has the discretion to find good cause for your late request for an ALJ hearing or late request for review of a dismissal, or to find that you did not present good cause for your late request for review of a dismissal; but only an ALJ has the discretion to find that you did not present good cause for your late request for an ALJ hearing.

**Section 1: What is the party's information?** *(Representative information in next section)*

Name <i>(First, Middle initial, Last)</i>	Firm or Organization <i>(if applicable)</i>	Telephone Number
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**Section 2: What is the representative's information?** *(Skip if you do not have a representative)*

Name	Firm or Organization <i>(if applicable)</i>	Telephone Number
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**Section 3: Explain why your request for an ALJ hearing or review of a dismissal was not filed within 60 calendar days after receiving the notice of reconsideration / reconsidered determination or dismissal:**

**Section 4: Sign and date this form.**

Party or Representative Signature	Date
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**Privacy Act Statement**

The legal authority for the collection of information on this form is authorized by the Social Security Act (section 1155 of Title XI and sections 1852(g)(5), 1860D-4(h)(1), 1869(b)(1), and 1876 of Title XVIII). The information provided will be used to further document your appeal. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal. Information you furnish on this form may be disclosed by the Office of Medicare Hearings and Appeals to another person or governmental agency only with respect to the Medicare Program and to comply with Federal laws requiring the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.

**If you need large print or assistance, please call 1-855-556-8475**