



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

WAIVER OF ADVANCE WRITTEN NOTICE OF HEARING

Instructions: Written notice of an Administrative Law Judge (ALJ) hearing before the Office of Medicare Hearings and Appeals (OMHA) is mailed, transmitted, or served at least 20 calendar days before the date of the hearing...

Complete this form and send it to the assigned ALJ using the mailing address or fax number at the top of the notice of hearing. If an adjudicator has not yet been assigned, mail this form to: OMHA Central Operations, Attention: Waiver Mail Stop, 1001 Lakeside Ave., Suite 930, Cleveland, OH 44114-1158.

Section 1: What is the hearing information?

Form section for hearing information including fields for OMHA Appeal Number, Reconsideration Number, Appellant Name, and Assigned ALJ.

Section 2: What is your contact information?

Form section for contact information including fields for Name, Firm or Organization, Mailing Address, City, State, ZIP Code, E-Mail Address, Telephone Number, and Fax Number.

Section 3: Acknowledge the following by signing and dating below:

- I agree to waive the regulatory requirement that written notice of an ALJ hearing be mailed, transmitted, or served at least 20 calendar days (or 3 calendar days for an expedited Part D hearing) before the hearing date.
I understand that another hearing participant may choose not to waive its right to advance written notice of the ALJ hearing...

Signature and Date fields for acknowledgment.

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.

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